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Picture of the Month

AT THE Fifty-Third Anniversary Banquet of the Reading, Pennsylvania Dental Society, held this year in the Berkshire Hotel, seven veteran members of the Society were awarded 50-year certificates. Shown presenting the awards to four of them is Doctor Fred W. Herbine (right), President of the Pennsylvania State Dental Society; seated (left to right) are Doctor E. W. Bohn, 76, who has been practicing for 54 years; Doctor Charles E. Grim, 73, in practice for 51 years; and Doctor George S. Schlegel, 72, who has practiced for 52 years. Standing are Doctor Abram L. Bower (left), 73, with a record of 50 years; Ray Cobaugh, Executive Secretary of the Pennsylvania State Dental Society; and Doctor S. A. Styer (right), President of the Reading Dental Society. —*Photograph courtesy of Reading Times.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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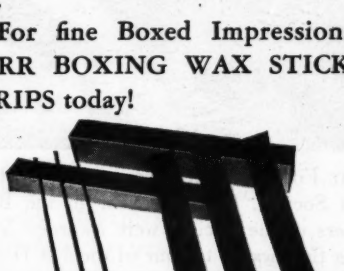

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WHAT!

No Women Dentists?

BY WILLIAM EGGLETON, D.D.S.

There is need for more women dentists—and a welcome awaits them in the profession.

WHY DOES dentistry—an honorable, dignified, and profitable calling—attract so few women to its ranks while other careers have a plethora of women candidates? This question is one that has long bothered dentists and has caused some soul-searching among them. Generally, dentists believe women would be an asset to the profession, and little, if any, prejudice is being voiced against them on the basis of sex alone.

However, figures released by the American Dental Association show a total of only 937 women dental students since 1940. The year of the highest enrollment was 1947, when 124 women studied in recognized schools; since then registrations have fallen off to the current year's 79.

The ADA states "the only count of women dentists to have been made are those tabulated by the Bureau of Census." This Federal roll call of female practitioners shows that in 1920 there were 38,743 male dentists in practice as against 1,254 women. The most recent survey indicates that male dental ranks have increased to more than 70,000, while the women's contingent has dropped to 1,067.

Dentists appear to be divided into two major groups in seeking the reason for the scarcity of women recruits in their ranks. One bloc asserts that the profession is unattractive to women, implying that girls could enter and soon dominate the field if they chose. The opposing group contends that this scarcity rightfully can be blamed on the attitude of the dental

schools and the various dental associations; it hints that discrimination is practiced against women in both these places. The truth, as usual, lies somewhere between these two poles of opinion.

Dental authorities state that the few women who have practiced during the past century have contributed a great deal to the profession's growth and development, aiding the introduction of new techniques, suggesting improvements in instruments and equipment, and, through extensive studies in patient psychology, enlarging the potentialities of the field of children's dentistry.

First Woman Dentist

The first woman known to practice dentistry in the United States was Emeline Roberts Jones, of New Haven, Connecticut. Under the tutelage of her husband, a local dentist, she learned dentistry, practicing the "filling" of cavities on the teeth her husband had extracted. In 1864, when Doctor Jones died, his wife became the first woman practitioner known to history. The new "Doctor" Jones soon won the respect of her male colleagues. In 1893 she was chosen this country's representative to the Women's Advisory Council of the World's Columbian Dental Congress, a high tribute to her professional standing.

In 1866, Lucy Hobbs Taylor of Cincinnati became America's first woman to win a dental degree. Her graduation from the Ohio State University Dental School with the degree of D.D.S. marked a magnificent personal triumph and another milestone in women's forward march in the profession.

In 1872, three women matriculated at the Pennsylvania College of Dental Surgery, who were destined to set a legal precedent for those of their sex to follow in the quest for higher learning. Determined to halt this threatened female invasion of the dental profession, the faculty met to consider the problem. A majority voted to expel them at once, despite the fact that they had passed the first year with exceptionally good grades, but a minority group appealed to the Board of Trustees who, in turn, sought the advice of the eminent Philadelphia jurist, William E. Price.

Judge Price handed down this opinion: "A faculty once receiving a student cannot cast aside said student without due cause and, if done, an action in court would be the student's proper remedy. In the present case there is no cause for expulsion save the sex of the students concerned which, under these conditions, cannot be considered and therefore the faculty must retain the women and fulfill the contract implied by matriculation."

Prejudice Declines

This decision, in theory, established the equal rights of all wom-

en students, with special emphasis on dental candidates. Unfortunately, some dental schools continue to find loop-holes for the refusal of admission to women students. Generally, prejudice against them as dental students has given away before their obvious sincerity and ability, but the percentage of feminine enrollments shows no proportionate increase.

The decline of prejudice, coupled with the respect and honors accorded those women already established as dentists, tends to weaken the argument that the profession is unwilling to encourage enrollment of women. The truth is that today the dental profession is eager to welcome them into its ranks as modern practitioners, realizing that they can fill a definite place in the profession.

In an informal sampling of opinion among women in a large Eastern city as to why so few become dentists, the first reaction was complete astonishment that they should even consider the possibility of such a career. Once convinced that women could and sometimes do win dental degrees, reasons for their failure to enter dental schools fell into four general classifications:

1. It is a "messy" job for a woman.

2. It taxes her strength as it requires standing, and extractions require muscular exertion.

3. She would have difficulty in mastering the mechanical techniques, such as the construction of dentures.

4. The economics of such a career are likely to prove a hindrance. The question of financing years of study and the slow, tedious building of a practice after graduation represent a serious drain on the bank account.

Added to the foregoing reasons is the matrimonial hazard for a woman, whether student or full-fledged practitioner.

Let us consider these reasons in the order named. *First*, dentistry is, to some extent, a "messy" job, but certainly no more so than nursing; yet the nation's nursing schools show fairly large enrollments each year. A dental student does not have the long hours or rugged physical work required of a student nurse.

Second, the dental profession is not taxing on strength. It requires no more standing than teaching, for example. A dentist can arrange appointments in order to have a "breather" after every few patients. In addition, dental equipment manufacturers have designed operating chairs that enable the dentist to sit down while treating the patient, without discomfort to either one. As for extractions, exodontists perform a great percentage of extractions in specially equipped offices and with professional personnel trained for the purpose. Actually, no more physical strength is required in dentistry than in x-ray technique, yet there are

many female x-ray technicians.

Third, in the mastering of dental mechanics, the woman dentist also may turn her problems over to a specialist. She must, of course, have a sound knowledge of the theories and techniques of dental mechanics but she can assign the construction of dentures and similar work to persons specializing in those fields.

Finally, we come to the economics. Here, perhaps, is a valid reason for the shortage of women in dentistry. The requirements of dental study are almost as rigid as those for the study of medicine. Unlike male students who finance all or part of the high cost of professional study by part-time and summer jobs, the average girl's college tuition is paid by her parents or relatives. In consideration of this burden on family finances, the long dental course and years of practice-building make many girls hesitate and eventually turn to other careers where the returns may be less satisfying but more immediate.

This is especially true in the case of dental hygienists, who are nearly all women. It may be assumed that girls taking this course, which comprises two years of exacting study, have an interest in dentistry. The income of a dental hygienist is relatively high, and this career provides her with a professional standing. Despite the basic interest manifested in dental health, the records show that few of these girls ever continue into the study of dentistry itself.

★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by WILLIAM EGGLETON, D.D.S., has won the $100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★

Another interesting sidelight and one that is seldom considered in the tabulation of career financing, is offered in the statistics supplied by the Veterans Administration. The Government was prepared to pick up the tab for the education of the thousands of girls who served in the Armed Forces during World War II. But, despite this willingness to finance them, the VA reports less than seven ex-service girls elected to study dentistry. Obviously, the cost of financing dental study is not the sole reason for the feminine shortage in dentistry.

While dentists do not view this lack of feminine interest with hysterical alarm, since enrollments of men at the dental schools remain at par, many feel that the field of children's dentistry would be aided greatly by an influx of women practitioners. The basic characteristics of patience with children, the ability to eliminate the child's fear of the dental chair, and a calm, serene technique in the face

(*Continued on page* 1782)

What Happened to Ethics?

BY DANIEL A. MARKMAN, D.D.S.

Dentist urges active campaign to preserve integrity of the profession.

DENTISTRY is on the eve of a great crusade, a moral rather than a political one. The fighting forces of our crusade are being developed within the character of each member of our profession. However, in the assemblage of our fighting groups there exists a lack of unity and cooperation among the minority. Consequently, our initial undertaking must be transmitted from the local scene to a higher governing level.

Because I am comparatively new to our profession, I shall not discuss the patients I have seen and their complaints, nor the disgraceful use of dental materials, the inefficiency of dental treatment and accompanying results. I should prefer to elaborate on the decadence of integrity in our profession.

We find ourselves in a paradoxical situation. Too often the urgent needs of patients cannot be satisfied by our harried members. The backlogging of appointments is in sharp contrast to the needless, merciless competition that exists in some areas. Perhaps if I relate a case, typical of existing misdemeanors, my warning will become more effective. I feel sure that incidents similar to this have at one time or another affected all of us.

The patient involved was a boy in excellent health, whose family had moved to the town where Doctor "X" practiced. Over a three-year period, Doctor "X" devoted

many hours to correcting the dental defects of this boy and his sisters. The family cooperated by meticulously keeping their dental appointments, and appearing without notification at intervals of five months. In the last examination Doctor "X" noted the results of his dental treatment of the boy over the years. Both roentgenographically and clinically his was a clean, healthy mouth, devoid of caries; and no teeth were missing. The restorations that were present were satisfactory, with excellent adaptation and a high polish. Doctor "X" gave the patient a prophylaxis and declared that the condition of his mouth was excellent.

Mother Alarmed

At home, the patient informed his mother of what Doctor "X" had said and done. The mother, although a highly intelligent person, became alarmed. She had been led to believe that when one has a dental examination, restorative service of some kind is indicated. Doubting the integrity of Doctor "X," she frantically sought the advice of another local dentist. After a lengthy explanation by the mother, the second dentist examined the boy and "uncovered" 16 cavities requiring extensive restorations. This finding placated the mother, who allowed her son to be virtually slaughtered on the dental block. The mother was happy, the dentist overjoyed at the thought of his fee, and the patient bewildered.

Some time later, Doctor "X" happened to meet the youngster, who, still bewildered, told the dentist of all that had transpired. Doctor "X" took his former patient to his office, and upon discovering that all of his restorations had been removed and replaced with "satisfactory" restorations—gold for silver—he "blew his top." He asked the second dentist for the roentgenograms but was courteously refused. He found by questioning the boy that no roentgenograms had been taken. The blow to Doctor "X" 's professional pride was damaging; but his reputation for integrity can never be restored in the minds of those whose opinions may be influenced by this mother. I am sure that this story has been repeated many times with variations, such as replacing restorations with full dentures, partial dentures, bridges, or porcelain work.

Having illustrated the problem, let me state it as concisely as possible. We have in our midst too many dentists who are willing to sacrifice, not only their reputation and integrity, but that of all others in the profession for the sake of the "green buck." What recourse did Doctor "X" have, and what recourse do *we* have to protect ourselves, the results of our labor, and the public from the lack of integrity and professional discretion of these few practitioners?

I should like to propose the following steps that should be considered and, if possible, be incorporated into local and national dental organizations:

1. A board of members (maximum of 5) should be delegated and alternated every 3 months to pass judgment on the negligence and incompetence of its members, to censure wherever needed, and if repeated offense makes it necessary, to revoke certification of practice.

2. Members should be encouraged to report such conditions with the thought of progressive changes for the future.

These steps might prove helpful, but this problem brings to light an even greater problem. If the pressure upon these dentists necessitates cheating themselves and others, perhaps a system should be initiated to keep them busy at all times. I propose this overall program for general consideration:

Beginning at local levels, a plan similar to the "Blue Cross" medical plan could be initiated, incorporating all those interested. Our members could join on a voluntary basis, but the membership should include all those in the lower income bracket whose needs take precedence over professional dignity. The public should be informed and allowed to choose, as in the "Blue Cross" plan. A semiannual or monthly fee, based on a standard scale, could be arranged which would be acceptable to the public and the members of the society. Thus a check on dental treatment and the members of our profession could easily be established, for no one is above some criticism.

The alarm over governmental interference and the cry of socialized dentistry and medicine could be dismissed if local plans proved successful. The many patients who need dental treatment but are unable to incur additional financial burdens, can be adequately and ethically cared for and the "pressurized" dentist can be relieved.

This is only a beginning. Many reforms are necessary and our crusade must be all-inclusive. The time for discussion has passed; the time for action is *today*. No one can lead us out of the darkness unless we take the first step.

Our crusade is here, *now!*

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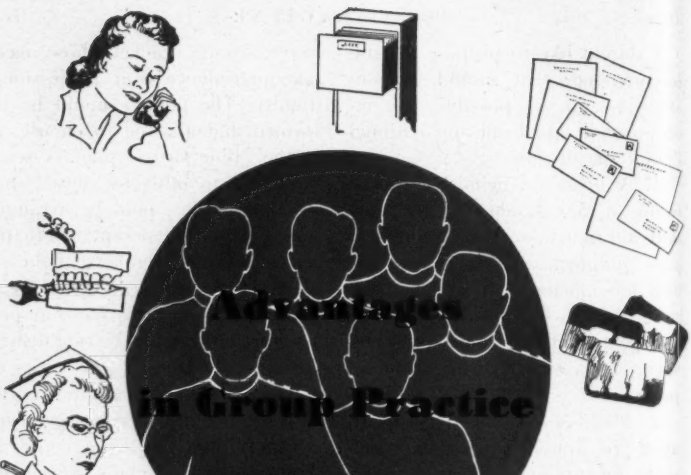
WISCONSIN dentists are not permitted to "show their faces" on television and advertise at the same time.

Attorney General Vernon Thomson resurrected an old State law banning dentists from using "human heads" in advertising their "wares." Thomson stated that a dentist's office may be shown on TV, but the dentist cannot appear in the picture.—*Chicago Sun-Times.*



PART I

This first of a series of two articles on group practice discusses the necessary personnel, office space, and equipment.

BY EDWARD H. WINSOR

THE AGGLOMERATION of individual dental practices into group practices is a phenomenon of increasing frequency and importance. In most cities we find that groups of two, three, four or more dentists are becoming relatively commonplace. Let us examine some of the reasons for this change of attitude and method. In this examination, we will make no attempt to place the reasons in order of importance, an almost impossible task at best, since one man's pro may be another man's con.

Probably the most benefit to the

dental group comes from sharing space and personnel. The sharing of a reception room between two dentists having adjoining office space is quite common. Somewhat less common is the sharing of a receptionist as well, and yet there is more to be gained in the latter case. In true group practice, however, the ancillary personnel is an extensive group in its own right, and may consist of chair assistants, bookkeeper, appointment clerk, receptionist, hygienists, x-ray technician, prosthetics laboratory technicians, business manager, laundry operator, typists, clerical help and, of course, janitors and gardeners. In some groups it is possible to use the talents of a registered nurse, thus relieving the dentists of making routine antibiotic injections.

The foregoing list illustrates one of the prime benefits for the group, that of having access to specialized personnel. Obviously the full time bookkeeper is a more efficient one than the assistant who also posts ledgers. The same thing holds true of other employees: the greater the degree of specialization, the greater value the employee has to offer the employing dentists, if he is properly used in his specialty. The one-man office cannot afford full-time specialists.

The dental group enjoys a great advantage in any consideration of equipment. The group is able to spread the total investment for specialized equipment over several practices, and the cost to each dentist is not great. It is possible, indeed it is almost mandatory, for the group to have its own roentgenographic facilities and a technician. A full-time technician is able to take a full mouth roentgenogram quickly and with a minimum of inconvenience to the patient, while the occasional user of the equipment may make quite a project of it. There is no question of the desirability of having these facilities, but the small office has less justification for the expense. To the group, however, this expense becomes a producer of revenue, and a good one.

The same investment consideration also holds true in relation to the purchase of desirable but little-used equipment, such as a hydrocolloid conditioner for use in the indirect impression technique. This operative technique has many enthusiastic users, but the individual dentist may not feel that the expense involved in the purchase of a conditioner is justified since it will be used only infrequently. If the expense can be shared by five, six, seven or more practices, the investment per dentist is low, and relatively infrequent use by each practitioner still justifies the cost.

Laboratory Facilities

Most dentists have wished at one time or another that their laboratory facilities were on the premises. With the group, this wish becomes a reality. The laboratory

is an integral part of the group organization, thus bringing the construction of prosthetic appliances under the close control of the dentist. It is scarcely necessary to add that the laboratory can make money for the group, just as a commercial one does for its owner.

A well-organized dental group with a broad base in the specialities is able to provide complete dental service, and in this way may count entire families as patients, rather than just individual members. Such an organization might include a pedodontist, orthodontist, prosthodontist, and possibly a periodontist in addition to several general practitioners. The advisability of including an oral surgeon is open to question, and might be decided by the physical structure of the offices. The psychologic effect on the average dental patient of seeing surgery patients leave the office after general anesthesia, might be adverse. This could be overcome, of course, by proper design of the group's building, so that the exit from surgery would be completely separated from the reception rooms, preferably on another street. This exit should have a driveway immediately adjacent to the door to obviate the need for the patient's walking more than a few steps.

Any dental group should have its own hygienist, since the dentist's time is poorly spent on a prophylaxis. The possible fee is not nearly commensurate with the time consumed. Since prophylaxis is such a necessary part of complete dental service, the retention of a hygienist within the group is mandatory. Proper use of hygiene facilities and personnel makes possible continuing contacts with desirable patients, who for the time being need no further dental attention. A suitable recall system can be devised by the business manager and operated by the office staff. This system makes possible full utilization of the hygienist's time and her operatory. As with x-ray and laboratory facilities, income will be realized from hygienist's activities.

There is an advantage not open to associate dentists, which is enjoyed by partners in a group. Income does not stop completely when a man is away from his practice. The extent of his non-working income will be determined by his investment in the group, but vacation time or illness will not mean a complete cessation of income. This point is not one to be passed over lightly, nor is the fact that the partnership itself may be highly lucrative. There is one intangible factor which points to the desirability of partnership rather than association. That factor is pride of ownership. This pride shows itself in many ways, and is a point to be considered during the formation or enlargement of a group.

Let us turn for a time to business. The group is able to make many savings in purchasing supplies. For example, the cost of mercury to a group may be reduced by as much as 40 per cent below the cost to a single dentist if the buying power of the organization is used wisely. Amalgam, x-ray film, anesthetics, laboratory supplies, paper products, office supplies, are examples of products which may be purchased at worthwhile savings by a group where use is extensive and inventory turnover rapid. If storage space is available, some supplies may be bought to the limit imposed by shelf life of perishables.

Where volume is present in the business office, the use of modern business methods becomes possible. The small dental office has relatively little detail in the office. Accounts are simple and few, and mechanization of procedures is not desirable nor feasible. However, with the volume presented by group practice, accounting mechanization, and other uses of modern office machinery, become more than just feasible. They become worthwhile, and make possible adequate record-keeping with the minimum office personnel. It is an accepted fact among salesmen in the office machinery and methods field that most small businesses make money not because, but in spite of themselves. This is not to say that a small dental office cannot be operated adequately as a business, but most are not, since the dentist's main interest lies in the operating room, not at the desk. The group can overcome this because of volume, as mentioned before, and also because of having specialized personnel in the office.

A successful group will draw its patients from a large portion of the population of its locale. This portion likely will be greater than the figure reached by multiplying the number of dentists in the group by the usual number of patients of the typical small office in the vicinity. This broad foundation of patients will mean that should hard times arrive again—and who will argue that it cannot happen? —the participating dentists of the group will enjoy more substantial incomes than most. This postulation is incapable of proof as of today, and no attempt will be made to prove it, but it should provide food for thought.

Association with a group, even if only temporary, provides unparalleled opportunity to recent graduates of dental schools. As all older dentists know, education does not cease with graduation. Speed and technique are gained rapidly in an office with experienced dentists who are competent to give tips and occasional advice. This matter of gaining speed is important to the economic life of the dentist. The operation that may take an hour just after graduation will be shortened to half an hour, then twenty minutes. The financial

implications are too obvious to need enlargement. The new dentist can gain knowledge of the functioning of a dental office, and will not find it necessary to open his own office totally ignorant of the business side of dentistry. He will know the importance of credit control, and will have gained confidence in presenting his diagnosis and estimate of charges. His fee schedule will be based on practical experience and he will know whether his charges are adequate. Further, when the recent graduate enters the group as an associate, he will be booked fully almost from the first day. The successful group always has a backlog of new and old patients waiting for appointments, and these will fill his appointment pages adequately.

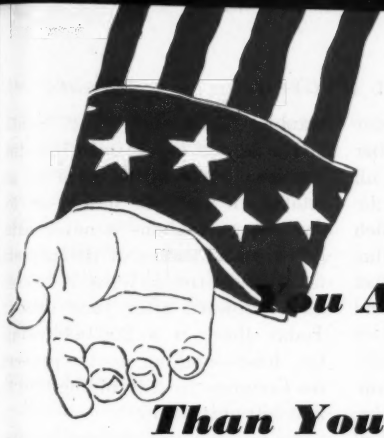
Let me stress one point, which I believe looms as an obstacle in the minds of some dentists. One need not lose his individuality when practicing as part of a group. His practice is his own; his methods of operating and his fees are completely in his own hands. He is as much an individual as if he were in a one-man office, but he enjoys advantages the rugged individualist cannot command.

Next month I will discuss the function of the dental office business manager in group practice.

2500 *Bissell Avenue*
Richmond, California

THE COVER

THE COVER this month is dedicated to the annual fund drive of the American Dental Association Relief Fund, which was formally opened with the distribution of Relief Fund Seals to all members of the dental profession throughout the Nation. The national quota for the 1952-1953 campaign is $100,000, but the Council on Relief is asking the cooperation of all dentists in an attempt to exceed that goal for the first time in history. In an appeal for funds, Doctor Leo W. Kremer of Chicago, Chairman of the Council, said: "Accident and illness are respecters of no one, and there is an increasing number of members of the profession who, through no fault of their own, find themselves unable to meet the cost of the bare necessities of life for their families and themselves." All contributions, each of which will be recorded, should be sent to the ADA Relief Fund, 222 East Superior Street, Chicago 11, Illinois. One-half of the contribution will be returned to the Relief Fund in the state from which it was received.



You Are Richer Than You Think

PART II

BY K. KAUFFMANN-GRINSTEAD
As Told to Ernest W. Fair

Avoid the errors that can make your estate a liability to your wife and children.

IN THE first installment of this article, which appeared in the November issue of ORAL HYGIENE, I referred to the thirteen factors which are the basis of errors commonly made by dentists in estate planning. A thorough understanding of these contributors to insecurity will aid in avoiding them.

Mistake number one is to underestimate the value of the taxable estate. The common conception is that $120,000 is the figure at which estate taxes start. In most cases, this is far from the truth; actually they start at $60,000. The average reader will be amazed to see how quickly his estate can go beyond that $60,000 figure as illustrated in the following paragraphs.

Too many of us underestimate our real worth. Too many of us believe that joint ownership with our wives reduces tax obligations by one-half. This is not true. A wife will have to prove that jointly-owned assets of any kind were accumulated by her physical contribution of one-half of those assets. Being a good wife and helpmate is not sufficient!

For tax purposes an estate may include the following: cash owned by you; cash owned by another person but belonging to you; all bank accounts in your name; some or all accounts in your name jointly with another person; maturity

value of insurance on your life for which you paid premiums either directly or indirectly; some or all of the value of insurance on the life of another person, for which you pay premiums; maturity value of accident insurance; market value of bonds and stocks held singly or jointly; taxable value of business interests owned individually or jointly; value of real property owned singly or jointly; value of royalties and mortgages; all property in your office and home; value of property given to another person, even though the gift tax was paid; value of future rights which you may receive as a gift; value of any property or rights you may receive from trusts or inheritance; value of future savings from investment income; and value of capital gains on present or future assets.

The joint-ownership factor is one of the greatest pitfalls. In the majority of cases, the Federal government puts the full value into an estate; this applies to real estate, bank accounts, and so on.

Figuring real estate and other assets at prices we paid for them is also wrong. The government is going to appraise them at the time of death, and that is the value upon which the tax will be based. Appraising a business or practice at book value will not be accepted either. Ask yourself, "If I wanted to sell my dental practice and office today, what would be a fair price?" Your answer will be the taxable figure for your estate.

The *second big mistake* is to underestimate the death taxes on an estate. An estimate based on today's considerations is never safe. We are well aware of the present inflationary trend. What if it continues upward after your death? Today there is a $60,000 estate tax base—nothing is to prevent the Congress from changing that to $30,000 next year!

Underestimating or overlooking the other cash obligations of an estate is the *third mistake*. These include all amounts which must be paid by the estate independently from and in addition to death taxes. The expenses of a last illness, which is usually prolonged and costly; funeral costs; compensation for an administrator or executor; accrued income taxes for that year; possible tax deficiencies for past years which may arise; unpaid bills; selling expenses for the liquidation of assets which must be sold to raise the cash for meeting such obligations—this is only a partial list of generally overlooked expenses, all of which must be paid from the cash available in the estate.

From experience in actual practice we find that the total general cash obligations other than death taxes will amount to between 10 and 20 per cent of the gross estate. Failure to foresee this is one of the most flagrant mistakes made and results in a large percentage of business and professional men

exposing their families to potential financial insecurity.

Here are some actual examples from public records: obligations, $92,587; cash available to meet them, $28,807; obligations, $107,529; cash available, $28,222; obligations, $160,582; cash available, $26,733.

Estate Shrinkage

Failure to consider estate shrinkage is the *fourth mistake.* When a realistic estimate of an estate's taxable value has been obtained and added to the general cash obligations, most men will be amazed at the total. If part of the estate must be sold to meet these obligations, it will seldom bring a fair price, because all potential buyers will realize it is being put up under forced sale, and will bid accordingly. If that happens, a well-planned estate can shrink dangerously.

Mistake number five is to overestimate the capital remaining after death. To meet death taxes and the general cash obligations of an estate, only cash can be used. If all cash available is exhausted in this way, the heirs may be in a precarious position until they begin receiving income from investments.

Overlooking the lack of investment experience is the *sixth mistake,* for this may result in capital losses through unwise investments. Provision for an expert who can supply this needed experience in case of emergency is wise. It is also wise to provide that, in cases of emergency, capital assets may be sold to cover these emergencies which no one can foresee.

Mistake seven is to provide insufficient expendable income for one's family. In life every liquid $1000 can be invested to yield $50 to $60 per year. After death those thousand dollar units well may be reduced to anywhere from $800 to $600, through death taxes, general cash obligations, and liquidation losses. Then a widow can afford only conservative investments, which will yield about $24 per year. These are further reduced by income taxes.

All of these factors affect even the small estate that comes under the minimum estate tax amount. They are more important as the gross amount of an estate becomes smaller, for then every dollar is of greater importance than it would be in a large estate.

Providing too much taxable income for your family is the *eighth mistake.* Making provisions under which the income must go to a certain beneficiary, even in years when the beneficiary has adequate income from other sources, is poor planning. In such cases, the income left to him is added to the beneficiary's other income, and thus becomes subject to the higher income tax rates, reducing expendable income unnecessarily.

Mistake number nine is to overlook the second estate shrinkage at

the death of one's widow. After lifetime accumulations have been reduced drastically by death taxes, general estate obligations, and possibly liquidation losses, the remaining estate may become subject for the second time at the death of your widow to the same causes of estate destruction, unless you have planned ahead for this.

It is possible that your wife may survive by only a moment or two, should both husband and wife be involved in an accident. Although the time of death differs by only one minute, it may mean that there will be *two* estate tax assessments against the one estate. Avoiding this, through provision that the estate goes to your wife *only* if she survives 30 days or any chosen period of time, can prevent double taxation.

Overlooking the possibility of surviving your wife is the *tenth mistake*. Frequently plans are made which work out perfectly, if the wife survives her husband, but which create great hardship and unnecessary losses if the husband survives his wife.

Number eleven is to overlook the estate shrinkage at the death of your children.

Number twelve is to overlook the danger of future radical, social or economic changes.

The *thirteenth* of this group of mistakes is to assume that a well-planned estate can be created without an expert's assistance. No dentist would call in his lawyer to analyze a difficult dental problem for a patient no matter how much dental law he might know. In estate planning, the services of a specialist in this field are required.

We must bear in mind constantly that taxes which must be paid are but one of the reasons why an estate may have to expend cash. The smallest estate will be confronted with a 20 per cent shrinkage of cash to pay such expenses. This easily may rise to as high as 35 per cent.

Check Insurance Policies

A check of life insurance, which is a definite part of the estate, is always advisable. It should be ascertained whether the policies have any features through which the taxable value might become higher than the face value; if these exist, they should be removed. Also, it is important to learn whether or not the policies have any settlement arrangements which are useful in normal times, but which might become financially disastrous in the event of serious inflation or in case of war.

The nature of any business setup in which the dentist may have partnership investment requires close examination. Fixing the value of such partnerships by agreement prior to death is good procedure; so also is the provision of life insurance to pay off a partner's interest. There are times when altering the nature of a business setup will prove advantageous.

A check should be made on which investments could not be sold, at any time, within a few days. It may be advisable to replace them with more liquid investments, or to make arrangements for their sale prior to death.

Also, make certain that the will contains maximum provision for income tax at the time of death and for the years to come as well. There is a great deal of difference in whether a will is legally valid and whether it is both legally valid and financially practical. Drafting it after your lawyer has consulted with an estate-planning specialist makes the difference.

One point the specialist will recommend serves as an example—never mention dollars in a will, but always express them in terms of percentages. Dollars are subject to shrinkage and can change a safe future for your wife into an insecure one. Percentages have a much better chance of ensuring her what she will need.

All of the foregoing is important and a volume of information could be added to further expand the points presented but there is space left only to point out one additional fact—you are richer than you think!

Check again the assets that will be counted into your estate and how their value will be determined. Not only will the reader find that estate-wise he is much richer than he thinks, but that his estate position is not so safe as he assumed it to be.

The "invisible mortgage" to which we have referred is ever present and must be paid immediately. It can be the forgotten mortgage whose forced payment will reduce an otherwise safe estate to one which will prove to be more of a liability than an asset to your wife or children. In that case, the dentist who has given his life's efforts toward providing safety and security for his family will have worked in vain.

Each dentist who plans his reserves with care may say, "I hope to live for many more years, but if I should pass on next year, I know I can afford to die!"

Box 780
Bristow, Oklahoma

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

DEAR ORAL HYGIENE

Dental "Hams"

Of the many thousands of amateur radio operators in the United States today, I wonder how many are dentists. I have had many enjoyable contacts with dentists and physicians here in the United States and the Canal Zone.

If ORAL HYGIENE will devote a little space to the listing of dentists who are "hams," I am sure it would be a service many of us would appreciate, not only from a social but professional point of view as well.

How about dropping ORAL HYGIENE your "QSL" card *today?*—L. M. HEWITT, D.D.S., W4OAR, 73 "Lew," Hapeville, Georgia.

Inflation and Social Security

After reading ORAL HYGIENE, I have given Social Security some thought, and feel it is a good investment, as your editorial proves.[1]

I do not see how it will add to inflation. The amount of the premium would be spent or invested anyhow, rather than saved. The 15-billion-dollar surplus is only a fraction of the United States yearly income, estimated at 294 billion dollars for this year. Fifty thousand dentists added to the thirty or forty million who have paid into Social Security to build up this surplus over the years would add so little to it as to be negligible.

Here is a new thought: Let us assume that runaway inflation develops.

In ten or twenty years, assume that $1000 are worth *one dollar.* Everyone agrees the dentist's life savings would be gone (or worth 1/1000). What would happen to Social Security? I am positive that this legislation would be altered.

Dentists then will be making not $7000 per year, but $7,000,000. It is absurd to think they would pay in only $81 (or 8 cents per year in today's money). Premiums would be increased one thousand times, payments to retired dentists and dependents would be increased one thousand times. It could happen that the small amount paid into Social Security each year might prove more valuable at age 65 than all the rest of one's savings over a lifetime. Of course, legislation would lag behind inflation, but 30,000,000 voters and their families would take care of that problem.

We all want to provide for old age, of course, but the fact is, dentists die young or are incapacitated at 65. Some dentists who are setting the dental profession apart from their fellow men are going to regret it.—LOUIS S. SMITH, D.D.S., 157 North Brockway Street, Palatine, Illinois.

[1]Editorial, Pensions For Dentists, ORAL HYGIENE **42**:1178 (August) 1952.

PSYCHOLOGY IN GENERAL PRACTICE

"I SHOULD rate a thorough preliminary course in psychology . . . far above a knowledge of botany or zoology, and as following closely on chemistry and physics as a preparation for the work of a general practitioner."—*James Putnam, Shattuck Lecture,* 1899.

So You Know Something About DENTISTRY!

? ? ? ? ?

QUIZ XCIX

1. The give in the periodontal membrane is due to (a) the elasticity of the fibers, (b) the straightening out of the wavy inelastic fibers when strain is placed on them, (c) compression. _____

2. Pain brought on or increased by cold indicates what in a pulp? _____

3. What is the most important physiologic function of saliva? _____

4. True or false? The placing of dentures over areas which have received heavy radiation is not good procedure because irradiated tissue has diminished vitality and does not react well to trauma. _____

5. In good health, why is the mucous membrane seldom caught between the teeth? _____

6. Incomplete registration of the roentgenographic image may be due to (a) lack of contact with developing solutions, (b) badly misdirected x-ray beam, (c) adherence of two films in the tank, (d) improperly sealed film packet _____

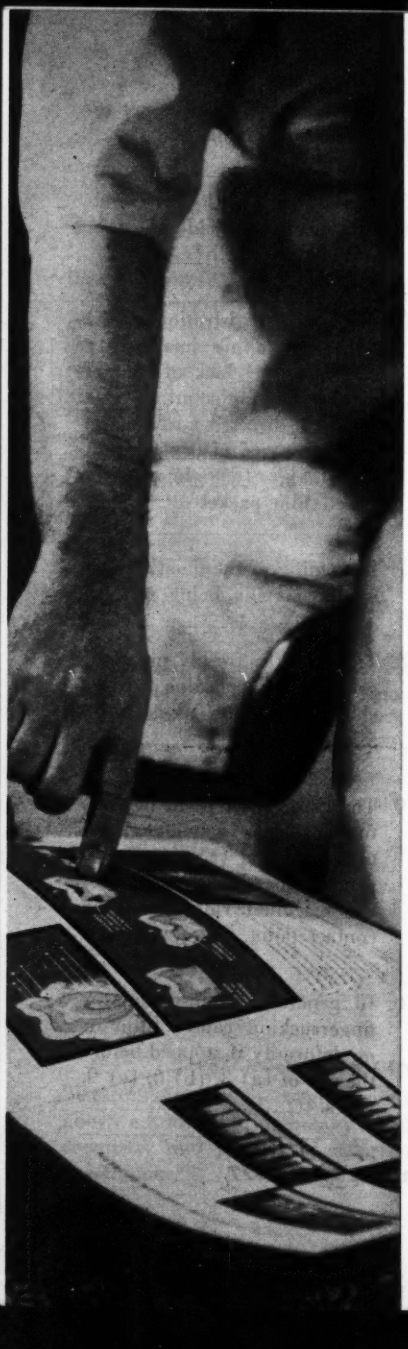
7. Is opening of the mouth aided by the maxilla being raised? _____

8. The pH of a freshly prepared solution of procaine hydrochloride is about (a) 4.1, (b) 5.5, (c) 6.2. _____

9. The commonest point of fracture for Class II amalgam restorations is at (a) the central groove, (b) the acute angle of the marginal ridge, (c) the contact point. _____

10. In general, thumbsucking or fingersucking causes little or no deformity if stopped before the age of (a) 3, (b) 6, (c) 9, years. _____

FOR CORRECT ANSWERS SEE PAGE 1777



To Influence Patients, Be Positive

BY JEROME D. LEHMAN, D.D.S.

HAVE YOU ever wondered why Doctor Jones next door has a busy practice while you are only muddling along? Often the difference between a successful practitioner and one less fortunate, may lie in proper or improper use of suggestion.

I would define suggestion as the transference of an idea from one person's mind into another. This idea or image, if skillfully presented, can be instilled in the subconscious mind of the subject. It is axiomatic that our subconscious controls and dominates our conscious thoughts. Thus, we find ourselves ultimately doing that which was suggested, although originally we may have scoffed at it consciously.

Self-evaluation and the skillful use of suggestion will create confidence in your service.

This principle may be applied by the dentist in many ways. His office should be modern, clean, and well-kept. The dentist's person should be neat and immaculate, and his bearing dignified, sympathetic, and professional. Suggestion will communicate itself indirectly through your speech, your manner and personality, your conscious and unconscious attitudes, and your attitude toward your profession.

All these subconscious impressions may register in the patient's mind before any dentistry is performed. Unwittingly the patient is impressed. While he may not consciously be thinking, his subconscious thought processes might be: "Everything is so neat, clean, and dignified; this dentist must be well off; he must, therefore, be successful; to be successful he must do his work well. His manner is such that I feel he is a man to be liked and respected."

Suppose a patient says, "I don't want to have that molar replaced. My sister's teeth were prepared for a bridge and they were ruined." To combat this existing prejudice, suggestion in the form of the spoken and written word should be repeated as often as possible without arousing the antagonism of the subject. To reinforce this concept even more, the author has prepared several pamphlets dealing with various phases of dentistry. Each discusses merits of the different types of restorations, including their indications and contraindications. The pamphlet finally concludes with a series of answers to some of the problems which arise in patients' minds concerning that phase of dentistry in which they are interested, the length of time it will take, whether it will be painful, and so on.

Build Prestige

This procedure enhances suggestion in several different ways.

1. It increases the prestige of the dentist. Printed matter in the eyes of many people is more formidable than a mere statement of the same thing.

2. It indirectly associates you with authorities who have written on dental subjects.

3. Those who are interested may re-read portions which concern them. This is repetition and is a most important element in inducing suggestion. The information is presented at the dental chair before the pamphlet is given to the patient and then repeated when the patient returns. He is encouraged to ask any questions, and even if he does not do so, it gives the dentist an opportunity to repeat the reasons for a particular type of restoration.

4. Each time reference is made

to the proposed restoration, either written or oral, it should be accompanied by the comment that it will improve the patient's appearance and his health, and aid in preserving his teeth. Such an appeal caters to the so-called "pleasure principle." This means that to influence patients to do as you wish, a reward of some sort must be held out to them. In the last example given, better health is the immediate reward. It is important to speak in a firm, convincing voice, with confidence, authority, and in a positive manner.

A positive approach will help you in your relationship with your patients as much as any single factor necessary to establish and maintain a successful practice. A positive suggestion is one which arouses pleasant associations and is encouraging. This caters to the "pleasure principle," which flatters or enhances the feeling of security. Negative suggestion is any suggestion that tends to discourage and belittle, or which serves to intensify insecurity. Some dentists' basic patterns and attitudes are positive and by positive suggestion they convey to patients the enthusiasm, sincerity, and interest which they inherently feel. Others may learn this, if they are intelligent, and yet some, because of unconscious resistance, possibly the result of faulty guidance as a child, deny that they can improve their attitudes and disparage the entire concept of suggestion. Some patients as the result of poor suggestion may be dissatisfied with the manner in which one dentist treats them, but are enthusiastic upon receiving the same or similar treatment elsewhere. Negative suggestion may aggravate a condition. Occasionally positive suggestion alone, or treatment, or a combination of the two, may relieve pain. What you say to a patient after an extraction of minor surgery actually may influence the course of healing.

"Pleasure Principle"

Nervous patients, if they are suggestible, may become quite tractable by the use of suggestion. Children are more amenable than adults and may be handled more easily by the use of positive suggestion. They have had fewer experiences and are more likely to believe what you say. Catering to their "pleasure principle" by telling them how good, how wonderful they are, can produce a response which cannot be elicited in adults. How, when, and to whom to apply positive suggestion will become more apparent with experience and practice on the part of the dentist. Constant repetition of the suggestion to relax often is successful with both adults and children. Examples of proper and improper suggestion follow. The reader must bear in mind that the wording in the following illustrations may be changed at his discretion to suit his own ideas and

personality, provided the principles of suggestion are understood and utilized.

Positive suggestion: "I have explained to you the proper way to brush your teeth and massage your gums. Follow this method and you will develop fewer cavities, your gums will be firmer, stronger, and less susceptible to disease. Many of my patients who have learned to massage regularly have shown tremendous improvement. As an intelligent person, I know you will begin tonight and continue faithfully, since you know the benefits you will reap from it."

Negative suggestion: "I have explained to you how to brush your teeth. They should be cleaned thoroughly after each meal for three minutes. I know it seems like a great deal of time and few people actually do it. They do not want to be bothered. I cannot find time to clean my own teeth during the day so I scarcely can expect you to do it. Nevertheless, do the best you can whenever you have the opportunity."

The human mind is a complex, unpredictable entity. Training is required to understand what motivates the people with whom we come in contact in life. To accomplish this we first must learn to understand ourselves through insight and honest self-evaluation. We may then employ suggestion to improve our patient relationships, increase our practice, and be happier, more successful dentists.

10 *Maple Street*
Brooklyn, New York

THE REAL VALUE OF YOUR 1952 INCOME
(Based on 1939 Figures)

1939 Weekly Income	Cost of Additional Taxes	Cost of Inflation	1952 Equivalent Income
$ 50	$ 6.75	$ 50.25	$ 107.00
100	21.75	108.00	229.75
150	41.75	170.00	361.75
200	63.50	237.00	500.50
300	161.25	409.00	870.25
500	550.00	887.00	1,937.00

—*Medical Economics* **29**:219 (June) 1952.

Dentists in the NEWS

Jacksonville (Florida) Journal: Lieutenant Charles W. Fain, Jr., (DC) USN, a former resident of Daytona Beach, Florida, has been awarded the Bronze Star Medal, the Combat V, and a Gold Star in lieu of a Bronze Star for meritorious service in Korea. The awards were conferred at the Naval Air Technical Training Center in Jacksonville.

The citation, signed by the Secretary of the Navy, stated that Lieutenant Fain "on several occasions assumed the responsibility of the regimental medical section," and that he "constantly provided immediate and proper medical attention to the many casualties."

Louisville (Kentucky) Courier-Journal: The 60-bed Community Memorial Hospital in Virgie, Kentucky, which provides modern hospital facilities without distinction as to race, color, or creed, is owned jointly by Doctor Alex V. Boston, a Negro dentist, and Mrs. Boston, who serves as its superintendent. Doctor Boston first visited Virgie as a soldier in 1918, and realizing the need in the community for dental and medical care, decided to return after fulfilling his ambition to become a dentist. Six years later, with degrees from Florida State College, Walden University, and Meharry Dental College in Nashville, Doctor Boston and his wife, a registered nurse and a graduate of the University of Nashville, returned to Virgie, where Doctor Boston travelled on foot through the mountains of Kentucky and Southeastern Virginia. In addition to dental care, Doctor Boston performed emergency operations when no physician was available. He carried his dental equipment and first-aid supplies on his back.

The consuming ambition of the Bostons was to provide a hospital for these people, and they often accepted promises of labor or building materials in return for dental treatment and delivering babies. The hospital, now two years old, is a completely equipped two-story building. The hospital personnel consists of 26 employees, four of them Negroes, three white and three Negro nurses, and a staff of six physicians, headed by Doctor M. K. Mantooth, a Cherokee Indian. Hospital patients are from Kentucky, Virginia, and West Virginia, and the hospital has a working agreement with the United Mine Workers of America, relative to their welfare fund.

Doctor Boston and his son-in-law, who is now his assistant, are kept busy with a large dental practice, since they are the only dentists in the area.

New York (New York) Herald Tribune: Doctor H. J. Parker, professor of physical education at City College in New York, practices dentistry in addition to his coaching activities. He finds that by seeing patients early and late in the day, as well as during vacations, he is able to maintain his practice, which he feels he enjoys more because he has "the dual vocations."

Doctor Parker has initiated at City College a "football-for-all" program, which includes football "on an organized team basis as one of the activities of required physical education." This program enables average boys to enjoy a

modified version of competitive football, and has been operated successfully in physical education classes since 1946. Doctor Parker's book, entitled FOOTBALL FOR ALL, contains instructions, charts, and diagrams for mass instruction in this sport.

Philadelphia (Pennsylvania) Evening Bulletin: Doctor Bart Collins, a dentist of 1530 Overington, Philadelphia, has been unanimously elected a city representative on the Philadelphia Transportation Company Board of Directors. Doctor Collins, who is active in the American Legion and in civic affairs, succeeded Michael J. Bradley upon his resignation as Collector of the Port.

Des Moines (Iowa) Tribune: Doctor J. R. Blayney, head of the Zoller Dental Clinic at the University of Chicago, has expressed the opinion that within the next fifty years the problem of dental caries will be solved. Nearly all persons will retain their natural teeth for life, and dentures, bridges, and crowns will become curios.

At the germ-free laboratory on the Notre Dame campus, research by the University of Chicago disclosed that experimental animals reared in an environment completely barren of bacteria from the moment of birth developed no caries.

Doctor Blayney, speaking before a group of Chicago businessmen touring the Midway Scientific Laboratories, said:

"In the first 50 years of this century, even without concerted research, important advances have been made. We can expect much more in the years ahead."

New York (New York) Times: Doctor Melville Humbert, technical supervisor for the four dental clinics of the Community Service Society in New York City since 1927, recently received a plaque from his fellow workers commemorating his 25 years of service to the Society. During the years that Doctor Humbert has been associated with the Society, the staff of dentists has increased from 25 to 110, and the number of patients cared for from 4600 to 15,000. The majority of patients are members of a "marginal" income group, who are ineligible for free treatment at public clinics, but unable to afford private care. In the Community Service clinics, they receive treatment at a very low fee.

Doctor Humbert was appointed technical supervisor one year after he had graduated from dental school. At that time, as a professor at Columbia University, he was conducting classes in gold restorations. In accepting the plaque, Doctor Humbert said that workers are rewarded by "satisfaction, education, experience, and broadening of views."

Gadsden (Alabama) Times: The only dentist and a lifelong resident of Cherokee County, Doctor W. H. Powell of Centre, Alabama, has served as mayor of the city since 1948. He ran unopposed as the candidate for mayor in the city election in September of this year. Doctor Powell is a graduate of the Atlanta Southern Dental College, now a branch of Emory University, and has practiced dentistry in Centre since 1921.

New York (New York) Times: The United States premiere of Doctor Menahen Bensussan's Bulgarian Suite was played in August by the Chautauqua Symphony Orchestra, under the direction of Franco Autori. The Suite was performed in 1939 by the King's Symphony Orchestra in Bulgaria.

Doctor Bensussan, who practices dentistry in New York City, began his musical career as a 12-year-old prodigy in Bulgaria. He attended the Conservatory of Vienna, and spent some time at the Municipal Theatre in Magdeburg, Ger-

many, as opera conductor. While conducting in Berlin, Doctor Bensussan studied dentistry at the Kaiser Wilhelm University.

Beatrice (Nebraska) Daily Sun: The quick thinking of a Beatrice dentist, Doctor Phil Kleppinger, saved the index finger of Mrs. Robert Harris.

As Mrs. Harris stepped out of the car one morning, her husband drove on for at least ten feet before hearing her cries for help. Her index finger had been caught in the car door, and the tip severed near the first joint. Mr. Harris rushed her to a nearby physician's office, only to find that the physician was at the hospital.

Doctor Kleppinger, the dentist, sent Mr. Harris back to the scene of the accident to search for the finger tip, which he found, undamaged, on the pavement. He returned to the physician's office, drove Mrs. Harris to the hospital, and the severed tip was sewed on the finger by Doctor Elmer Penner. Several days later, when the bandage was removed for an examination, the finger was found to be entirely healthy.

Birmingham (Alabama) News: Doctor Clifton O. Dummett, Chief of Dental Service at the Tuskegee Veterans Administration Hospital, has received the annual award of the National Dental Association, an organization of Negro dentists, "for his untiring devotion and outstanding contributions to humanity and his profession." The Association has also published Doctor Dummett's book on the growth and development of dentistry for Negroes in the United States. Doctor Dummett was formerly Dean and Director of Dental Education at Meharry Medical College in Nashville, Tennessee.

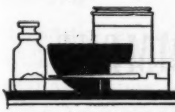
Washington (D.C.) Sunday Star: Doctor Bion R. East, who resigned last September as head of the Dental Service of the Veterans Administration, has been assigned as Director of the VA's first Postgraduate Dental Training Center. The Training Center is now under construction in Chicago.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Ellen Dawson, P.O. Box 247, Suquamish, Washington.
M. B. Newman, D.D.S., 1410 Morris Avenue, New York 56, New York.
Max E. Soifer, D.D.S., 497 Farmington Avenue, Hartford 5, Connecticut.
Maurice D. Gruber, D.D.S., Loring Building, Sac City, Iowa.
William Perry, D.D.S., 18th & Walnut Streets, Philadelphia 3, Pennsylvania.
Mrs. N. J. Brown, 5023 16th Court North, Birmingham 6, Alabama.
Nancy Herring, 449 Laf Street, Jackson, Tennessee.
Milton D. Seife, D.D.S., 571 East 140th Street, Bronx 54, New York.
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York.
Mrs. J. B. Smith, 557 Chelsea Avenue, Jacksonville, Florida.
Gerald S. Westreich, 88-24 150th Street, Jamaica 2, New York.
Harold W. Heinze, D.D.S., Box 154, Beatrice, Nebraska.
Major Alex Grower (DC), 117 Wesmond Drive, Alexandria, Virginia.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



TECHNIQUE of the Month

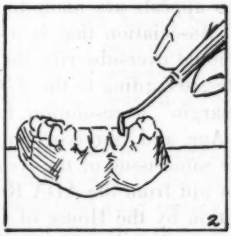
Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

Emergency Replacement of Tooth on a Denture

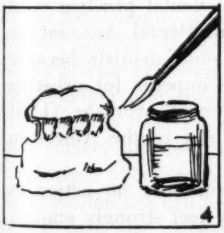
By LEON VINE, D.D.S.

Upper right central has been broken from denture. No tooth replacement is immediately available.

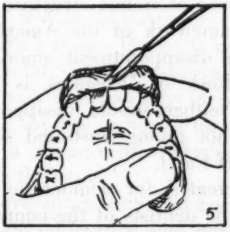


Carve up the missing tooth in wax on the denture.

Lubricate with oil and make a plaster matrix of the labial.



When plaster has set, remove matrix and coat it with an acrylic separating fluid. Remove wax carving.



Replace matrix. Using self-curing acrylic of the proper shade, paint the area with the acrylic liquid. Use the brush technique to build up the tooth area.

Allow denture and matrix to stand from 6 to 10 minutes. Remove matrix, polish denture and tooth. Repair is made in about half an hour.

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

"NOW I HAVE NO MONEY"

THIS IS the time of year when we begin to think of our more unfortunate colleagues in dental practice, of the dentists who have worked long years, but who have been untouched by the hand of good fortune. This is the time of year when appeals are made to support the Relief Fund of the American Dental Association that is used to aid needy and unfortunate dentists. We should oversubscribe the quota of $100,000.

The House of Delegates, according to the *ADA News Letter*, "rejected by an overwhelming margin" a resolution favoring the inclusion of dentists under the Old-Age and Survivors Insurance program of the Social Security Act. The same issue of the *News Letter* noted that "the number of applicants for aid from the ADA Relief Fund is increasing."

As a result of this action by the House of Delegates, there has been some talk indicating that another dental organization should be created for the purpose of lobbying for the inclusion of dentists under OASI. Nothing would be more disastrous to American dentistry. There is no place for two nation-wide dental organizations. Any changes that are to be made in the social and economic structure of dental practice must be made within the framework of the American Dental Association. Merely because there is disappointment among some dentists because of the action by the House of Delegates, is no impetus for creating another organization. Neither should disappointment over the OASI issue be a reason for not giving unstinted support to the American Dental Association Relief Fund.

In an organization created for democratic procedure no action is unequivocally final. If the dentists of the country feel strongly enough on the subject of Social Security, there is nothing to prevent the issue from being re-introduced before the House of Delegates. The pressure, to use a political cliché, "must spring from the grass roots." If members of the American Dental Association have strong convictions on any subject, they have the opportunity to make their attitudes known in the

dental societies in their home community and before their state dental society. The dentist who sits silently and never stirs himself to participate in dental association activities is not exercising his franchise as a member of the American Dental Association.

Until the time when dentists are covered under OASI, we should all contribute generously to the American Dental Association Relief Fund. Every member should give at least two or three dollars to the Fund. There are cases of dentists who are in need *now* and who cannot wait. Here is a letter from one of them:

"I am a dentist and in practice about fifty-two years. Will be 80 years old March —, 1953. My wife is about 78 and living. Spent all my savings on my five children and my wife. Now I have no money. My capacity for earning is shot. Still go to my office and like to go. I only work or have my office open about five days a week and about two or less productive hours. I haven't given Social Security any thought. In fact, I haven't been interested in it. I own my own home and that is all, except for a few war bonds. And not wanting to make a song of it, will you please let me know if there is any way of my getting Social Security aid?"

This dentist was told that he had no retirement protection under OASI. He was likewise told that OASI is not an aid or an assistance program. It is insurance bought and paid during one's working years. The benefits are paid in amount and at a time, according to a specific formula. Need is not a consideration.

Quite likely there are weaknesses in the Social Security legislation. From time to time the Act has been amended and other amendments will be necessary to meet changing conditions in future years. The same may be said about private insurance contracts; many of them need revisions, but they are *not* being made. The basic principle of insurance, whether private or governmental, is sound. Groups of people band themselves together and spread risk over periods of time. Whether it is a private annuity contract, a group life or health insurance contract under dental society auspices, or a government-supervised old-age program, the principle of insurance is the same.

In time, dentists will be covered under Social Security, but meanwhile we must help our unfortunate colleagues who are *now* in need of aid from the ADA Relief Fund.

Edward J. Ryan

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Removing Oil from Contra-Angles

Q.—I have a slight problem, though an annoying one, and I thought perhaps you could help me. How can I remove sufficient oil from the contra-angles, after sterilizing them, to prevent any oil from coming out when the contra-angles are in use? I have been putting them on the handpiece and running most of the oil out but have not been able to get quite enough of it out. I surely hope there is some solution to this problem because it inconveniences me.—N. L. F., Iowa.

A.—Our method for removing excess oil from contra-angle handpieces is to run them fast for several minutes held against a piece of absorbent tissue or cloth.—V. Clyde Smedley.

Sunflower Seeds

Q.—I have been told by a woman patient that she feeds sunflower seeds to her children. The company from which she buys them claims that the sunflower seeds are rich in fluorine. I have never read anything concerning the nutritional value or fluorine content of sunflower seeds, and should appreciate some information on the subject.—W. M., Oregon.

A.—After investigating several sources of information, I find that sunflower seeds are rich in protein and contain nothing detrimental as a food. I could find no authority for the statement that they contain fluorine.—George R. Warner.

Root Canal Therapy

Q.—Is there a method by which root canal therapy can be completed in one or two appointments with satisfactory results?

If so, I should appreciate knowing the treatment involved, or where I can obtain this information.—W. F. O., Nebraska.

A.—In answer to your question, I feel that non-infected root canals can be safely and satisfactorily treated and filled in one or two appointments. One eminent authority[1] found in "250 consecutive cases treated with combination of antibiotics and caprylate sodium that it required 1.4 treatments to obtain negative cultures."

One dentist on our staff, who follows the technique of the above-mentioned authority, requires more than two treatments to complete a case. Another treats abscessed single-rooted teeth in one sitting. His technique is to open, thoroughly cleanse, and sterilize the canal, immediately filling the canal with a soft mixture of sedative cement, into which he pushes a gutta percha canal point to fit the canal as closely as possible. He lays back a crescent-shaped flap, curettes the infected area beyond the root apex

[1]Grossman, L. I.: Polyantibiotic Treatment of Pulpless Teeth. JADA **43**:265-278 (September) 1951.

and removes as little of the root apex as possible to reach normal tooth structure. He then returns the flap which is held with one stitch. In nearly all of these cases the wound heals uneventfully and the bone fills in closely to the root apex.—GEORGE R. WARNER.

Gingival Tumor

Q.—I am enclosing a roentgenogram for diagnosis and advice. The patient is a woman of about 30 years of age, in the seventh month of pregnancy.

This patient presented with a large growth of tissue between the two lower centrals which extended outward labially and somewhat on the lingual in the shape of a small marble. This looked like a fungus growth, which I removed, then I cauterized the area with phenol. At her next appointment I removed calculus and again trimmed the gingival tissue.

The patient returned in two weeks for a checkup and it appears that the gingival tissue is again growing and enlarging. I cut some away again, but am now at a loss as to what to do. We prefer not to extract these teeth if it can be avoided.—D. I. H., North Dakota.

A.—The tumor you describe, which has recurred after removal, may be a "pregnancy tumor." Considering this possibility, I would advise letting it alone until after parturition.

The alveolar atrophy, as shown in the roentgenogram, is rather deep between the central incisors, but not deep enough to warrant extraction.

If the tumor does not disappear after parturition, or returns again after removal, a biopsy would be advisable.—GEORGE R. WARNER.

Rebasing a Denture

Q.—I should like your opinion on the following: I have two patients who are not comfortable while wearing their lower dentures. Each mouth contains flat, hard-soled bone. I am thinking of rebasing the dentures with the old-fashioned rubber, which cures soft. I used this years ago with some satisfaction. In your opinion, would I be able to cure this rubber so it would adhere to the acrylic denture? Is rubber still on the market?—D. S. L., Kansas.

A.—Neither hard nor soft rubber can be processed to adhere to acrylic. You can, however, rebase an acrylic denture with cushion or flexible acrylic. You also could change the denture to vulcanite and pack it with tire-retreading rubber. Red velum flexible rubber is no longer available.

We have found that either of these cushion bases, especially the plastic, is temporary.—V. CLYDE SMEDLEY.

Xerostomia

Q.—I have a patient, a woman 65 years of age, who has been wearing upper and lower dentures for about 30 years. The dentures were made of rubber and she never had any trouble. About a year ago, she had new acrylic dentures constructed, and the dentist opened the bite about 5 millimeters. The rubber dentures, when in place, were 60 millimeters from the base of the nose to the base of the lower jaw; the new ones measure 65 millimeters.

Now she has developed xerostomia and a burning sensation of the tip of her tongue. She is suffering great discomfort.

I prescribed pilocarpine hydrochlo-

ride 5 grains to ½ ounce of water, 5 drops of this solution three times a day, with nicotinic acid, 50 milligrams three times a day, and milk of magnesia as a mouth wash three to four times a day. Could this condition be due to the change of the position of the condyle? I should appreciate your opinion on this case.—J. H. W., South Dakota.

A.—Will wearing her old closed-bite dentures relieve the patient of this burning tongue sensation? If so, it would seem fair to assume that the opening of the bite with the new dentures might be the cause of this condition.—V. CLYDE SMEDLEY.

Removal of Crowns

Q.—Would you please inform me about the best method of removing a cemented cast gold crown? Could this method also be used in removing a stationary bridge with two cast gold crowns?—E.S., New York.

A.—I once had a thread cutting die that was effective in removing gold crowns with cast occlusal surfaces. The method was to drill a hole through the occlusal surface of the crown to the tooth, then insert the thread cutting die until the threads were well embedded in the gold. With steady and continuous pressure the die was screwed deeper as its end pressed against the tooth, and the gradual pressure would break the cement and remove the crown.

Another method is to drill a hole inward from the buccal surface until you can insert a strong, blunt instrument between the occlusal gold and the tooth. Then exert pressure between crown and tooth to break the cement.

However, I have removed some gold crowns where it seemed necessary to virtually destroy the crown in order to get it off.—V. CLYDE SMEDLEY.

Subluxation of Joint

Q.—I have arthritis of the left temporomandibular joint, with considerable pain and slight subluxation of the joint.

1. Would a sclerosing injection eliminate some of my pain? I was informed that it will build new tissue around the joint.

2. What does the solution consist of and what types are there? Which type is best for pain?

3. Are alcohol injections usually made in the temporomandibular joint or at the base of the skull?—C.P., New York.

A.—Arthritis of the temporomandibular joint is not always easy to diagnose. Subluxation of the joint is not necessarily an indication of arthritis. I have seen many cases of subluxation of the joint with clicking and pain that cleared up if the patient exercised care not to strain the joint. In some cases the application of heat has overcome the condition, and in others, correcting the occlusion has cleared up the symptoms. I have never felt it necessary to resort to the use of sclerosing solutions or alcohol. The author[2] of an article on the use of sclerosing

[2]Schultz, L. W.: A Curative Treatment for Subluxation of the Temporomandibular Joint or of Any Joint, JADA and D. Cosmos **24**:1947-1950 (December) 1937.

solutions, found after much research that sodium psylliate gave the most satisfactory result. The technique of the injection is best learned by reading this article. The same author advises against the use of alcohol.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XCIX

(See page 1763 for questions)

1. (b) straightening out of fibers. (Tylman, S. D.: Crown and Bridge Prosthesis, St. Louis, C. V. Mosby Company, 1940, page 291)
2. A vital but irritated pulp is present. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 117)
3. To moisten foods for deglutition. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 41)
4. True. (Kyes, F. M.: Pitfalls in a Full Denture Service, JADA **43**:662 [December] 1951)
5. It is closely adherent to the muscles of the cheek with but little submucous tissue. (Blair, V. P.; and Ivy, R. H.: Essentials of Oral Surgery, ed. 4, St. Louis, C. V. Mosby Company, 1951, page 39)
6. (a), (b), (c), (d), all. (Lozier, Matthew: Evaluation and Correction of Faults and Errors Most Frequently Encountered in Practice of Intraoral Roentgenography, Oral Surg. Oral Med. and Oral Path. **2**:1306 [October] 1949)
7. Yes. (Schweitzer, J. M.: Oral Rehabilitation, St. Louis, C. V. Mosby Company, 1951, pages 114-115)
8. (b) 5.5 (Accepted Dental Remedies, ed. 17, American Dental Association, 1952, page 19)
9. (b) (Ingraham, Rex: Application of Some Biochemical Principles in Design of Inlay, Amalgam and Gold Foil Restorations, JADA **40**:404 [April] 1950)
10. (b) 6 years (Gershater, M. M.: Orthodontic Diagnosis for the General Practitioner, JADA **44**:194 [February] 1952)

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ANNUAL INDEX

Volume 42, 1952

ARTICLES

EDITORIALS

*Winner of the $100 ORAL HYGIENE Prize Award.

WHAT! NO WOMEN DENTISTS?

(*Continued from page* 1748)

of bitter tears and self-pitying groans, cannot be found among the majority of male dentists. For these reasons, if no other, the dental profession is willing and ready to welcome girl recruits.

It is impossible to predict that future years will see a greater number of women in the profession. With no specific reasons as to why they lack interest in this career, the dental societies, at both state and local levels, and vocational guidance counselors, can do little to stimulate enrollments.

Perhaps the diagnostic skill of a psychiatrist is necessary to uncover the real reason, but one conclusion is clear: women seeking recognition in a profession should consider dentistry. There is room for them to practice and a challenging job to be done.

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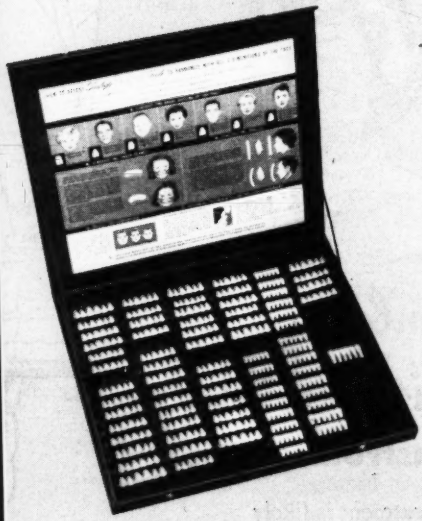

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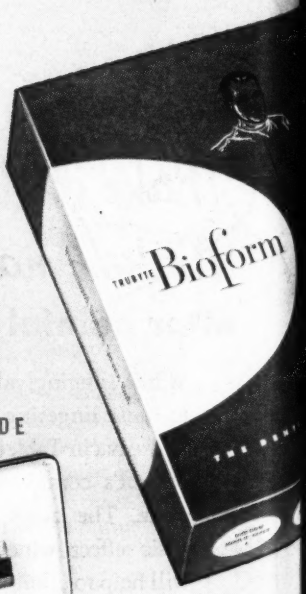

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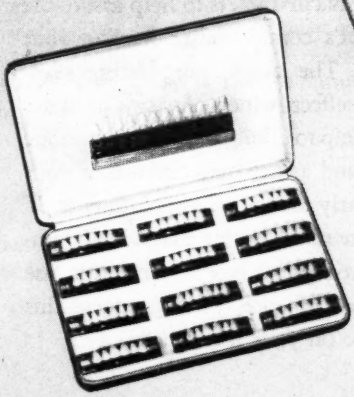

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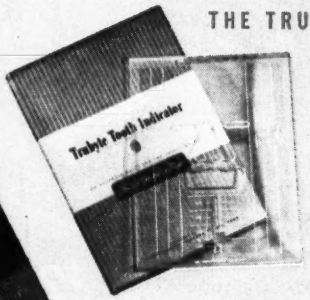

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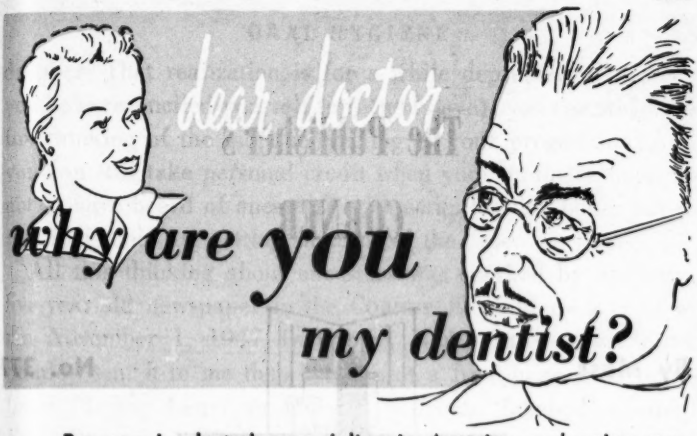

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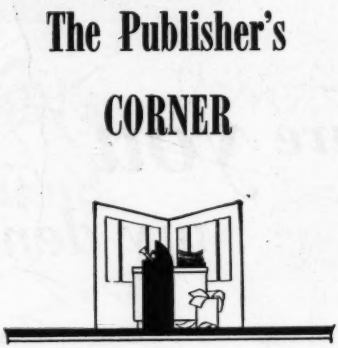

No. 377

BLOB

It is human to prattle about your ancestors, and to take personal credit for their achievements, if any. The only sound policy is to keep remembering that all God's chillun got ancestors—and almost everyone has ancestors who won some sort of distinction. Too, when you get to feeling proud because you believe you are practically flooded with famous blood, it is salubrious to engage in a spot of ancestral arithmetic. That slows you down.

The arithmetic: each of us has had two parents, four grandparents, eight great-grandparents, sixteen great-great grandparents, thirty-two great-great-great grandparents—and so on, the number doubling with each generation. Thus, by the time you get back into history a reunion of a relatively few generations of your grandparents (or mine) would resemble Macy's basement on a sale day. Plenty people. You don't have to go terribly far back before the number of ancestors (not counting remote cousins and things) gets to be so big that your inheritance from each could be accommodated nicely in a doll's eye-

dropper. That realization is for a while depressing. But once you have reconciled yourself to it (as I have), you can still have fun thinking of the more interesting of your progenitors. And you can still take personal credit when your audience happens not to have heard of ancestral arithmetic. But it's better not to risk it. People are getting smarter all the time.

All this thinking about ancestors was sparked by finding a five-year-old newspaper in the CORNER file folder—a copy of the November 1, 1947 Tarrytown, N.Y., *Daily News*. Ethel Stanley sent it to me then because of a front-page story headlined "Irving Letter to Merwin Supports 'Ichabod' Claim." Ethel knew it would be comforting to me. For years she had heard me pluming myself because I believed that my Grandmother Orpha Merwin Massol's Uncle Jesse Merwin was the original of Washington Irving's famous character Schoolmaster Ichabod Crane, told about in Irving's "Legend of Sleepy Hollow."

Grandma had told me all about her Uncle Jesse, and about meeting Irving himself when she was a child, back around 1820. She could have been wrong; my own memory, always tricky, could have been wrong. But Washington Irving himself says not. The Tarrytown *Daily News* story tells of a letter that had come to light, a letter from Irving to Jesse Merwin dated February 12, 1851, which bore the notation by Irving, "Jesse Merwin, the original of Ichabod Crane." The letter itself recalls episodes of Jesse Merwin's early days as the village schoolmaster.

So that settles that. The point had been argued for years by historians in the Irving country, perhaps the only historians who fretted about it.

Now the tiny blob of Uncle Jesse that's coursing through my rickety system can frisk about a bit, serene in the knowledge that its claim to fame has after more than a century been validated.

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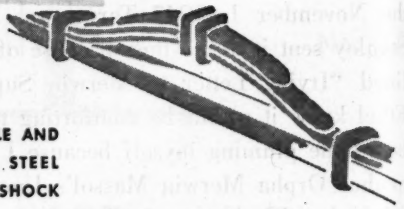

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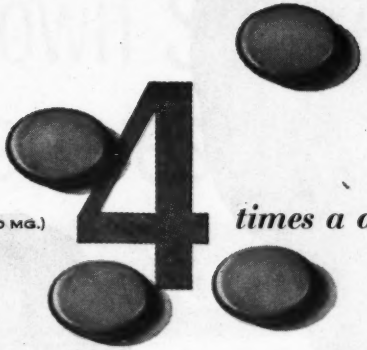

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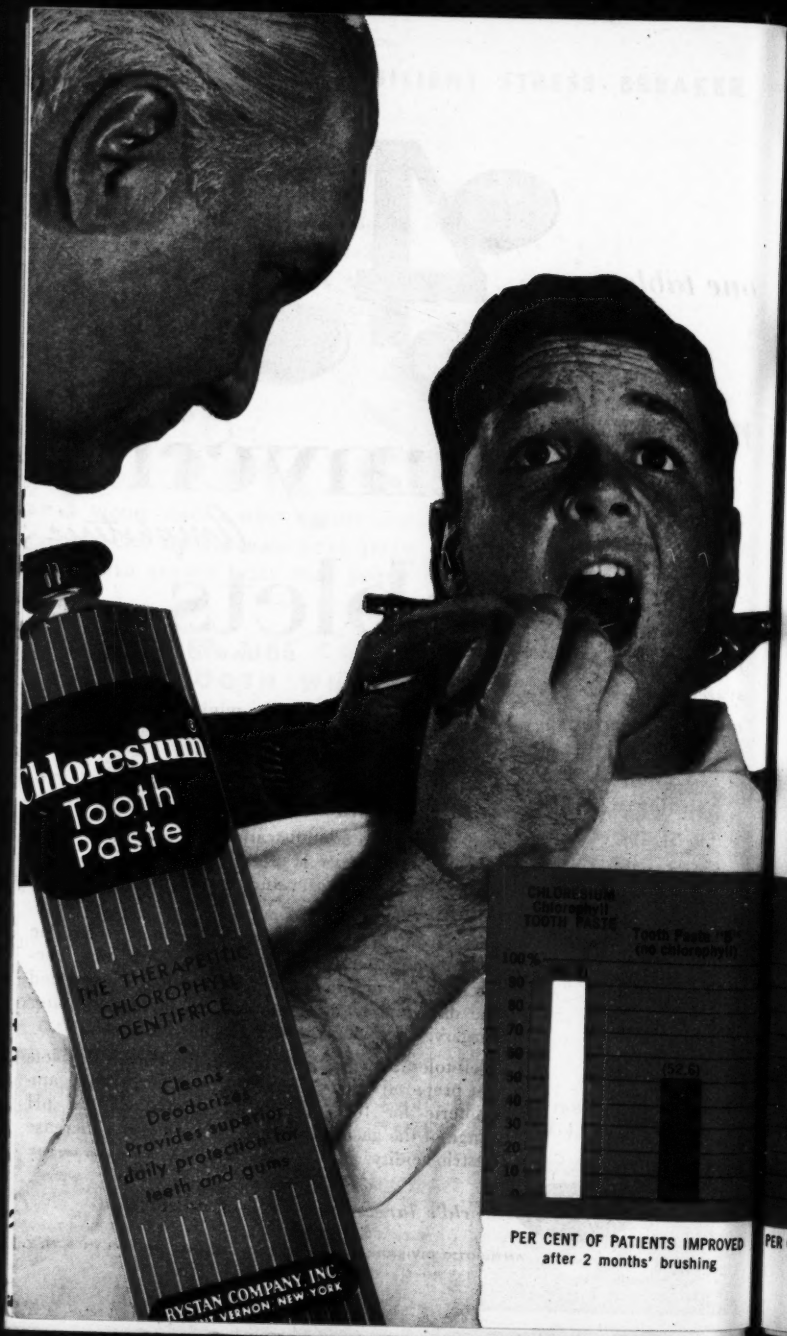
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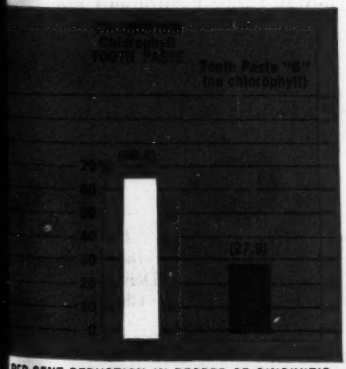

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*McDonnell, C. H., and Domalakes, E. F.: Effects of Toothbrushing with Dentifrices Containing Chlorophyllin on Gingivitis, J. Periodontology 23:219 (Oct.) 195

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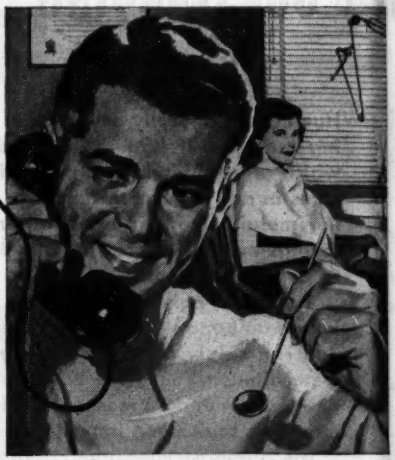
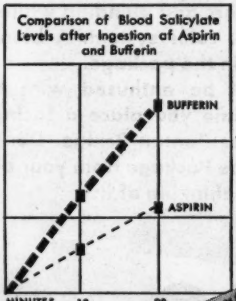


When dental pain strikes, the patient thinks first of you. At midnight or 6 A.M., or in the midst of a busy day, your patient expects you to do something for her—immediately.

For *faster pain relief* recommend BUFFERIN, the antacid analgesic, which *acts twice as fast as aspirin.* Within 10 minutes after BUFFERIN is taken, the blood salicylate levels are higher than those attained by aspirin in twice this time.

BUFFERIN is antacid, too. Whether given in small or large doses, BUFFERIN rarely produces gastric distress.

Use BUFFERIN before and after extractions and along with other therapy to minimize discomfort.



BUFFERIN

ACTS TWICE AS FAST AS ASPIRIN
DOES NOT UPSET THE STOMACH

BUFFERIN is a trade mark of the BRISTOL-MYERS CO., 19 W. 50 St., New York 20, N.Y.

PAPER DISKS

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t less in the long run because they stand up to the work better and longer, uiring fewer changes on the mandrel, thereby increasing the operator's d. S. S. White Paper Disks pay for themselves many times over.

1025 Assortment	$2.25
Box of 100 (any size and grit)	.25
12 boxes of 100	2.70

S.S.WHITE

★ TIME SAVING
★ LABOR SAVING
★ MONEY SAVING

SUNDRIES

Miscellaneous dental items, unsurpas
for quality, utility, and econo
needed for the busy months ahe

ALL PRICES SUBJECT TO CHANGE

**THE S.S.WHITE DENTAL MFG.C
Philadelphia 5,**

HANDPIECE EASE

oays to use only specially prepared lubricants for recious mechanical devices

erior lubricant for handpieces and angles, dental es, etc. It is a free-flowing grease that will not or rust, minimizes friction, effects cool-running, es wear and is free of odor. Supplied in handy with special nozzle that fits oil holes in hand- s and angles, carrying grease directly to bearings gears.

Per tube $0.35

A. A. FINISHERS

S. S. White Abrasive A
Finishers are used for the
trimming, festooning and
ing of acrylic restoration
providing a real time saver.
in 4 styles: No. 1 Slender Pe
No. 2 Tapered; No. 3
Head; No. 4 Cone.

Cut fast without heating
not clog; will not cut or
porcelain teeth; mandre
stainless steel, suitable for
handpiece or lathe.

Price, each	$0.30
6 of any No.	2.70
12 in box, any style or assortment	4.50
6 boxes of 12, per box	4.25
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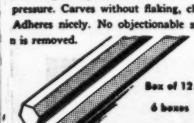
BLUE INLAY WAX

Specify REGULAR
* HARD

ld inlay patterns; direct or indirect techniques. Softens readily. Does not le during manipulation. Flows into minute recesses of cavities under pressure. Carves without flaking, chipping or dragging. Can be built Adheres nicely. No objectionable stickiness. Resists distortion when n is removed.



Box of 12 Sticks	$0.70
6 boxes	3.80
12 boxes	7.15

*Complies with A.D.A. Specification No. 4.

STERILIZER TABLET

Protection for Instrume

An alkaline preparation. Prevents staining, and corrosion of steel instruments during st tion in boiling water. Easy to use. Simply d tablets into each quart of water in the ste Provides abundant protection to valuable ments at extremely low cost.

CAUTION:
Do not use in aluminum steriliz for boiling aluminum instruments or ha

Bottle of 100 tablets
Bottle of 500 tablets

SEPARATING FILM

DOUBLE CONCENTRATION

...ter replacement for tin foil in process-...ic and vulcanite dentures. Easy to ...sh it on cast and investment. Dries ...on hot surface. No burnishing. No ... Does not deteriorate. A little goes ...ng.

2 ozs. per bottle $1.00
8 ozs. per bottle 3.00
16 ozs. per bottle 5.50
64 ozs. per bottle 15.00

...only half filled, to prevent winter transit ...e breakage. Fill bottles to capacity with ...ertain usable solution.

"SYN-CHAR"

LONG LASTING

Has all the merits and none of the disadvantages of a charcoal block. Used for remelting precious metals in a reducing atmosphere; renders the remelted metal satisfactory for making castings. Resistant to heat and will not readily burn out or crack.

Approximate size: 2¾" x 4¾" x ¾"
Price $0.85

LUBRICATING OIL

(PERFUMED)

A thin, light, highly refined oil prepared to prevent wear on small, fast-moving precisional mechanisms, particularly handpieces, angles, dental engines, etc. Will not rust or gum. Delicate perfume eliminates odors of a disagreeable nature. Special nozzle on 3 oz. can fits oil holes on handpieces and angles.

3 oz. can $0.50
8 oz. bottle 1.00

TEMPORARY STOPPING

Sticks to cavity walls but not to instrumen

A dependable seal that keeps medicamen... in and bacteria and moisture out. Th... colors: Pink, White and Tooth-Tint.

1 oz. box (10 sticks, all Pink, all White or all Tooth-Tint) ... $0...
1 oz. box (assorted): 5 White, 2 Pink, 3 Tooth-Tint .....
6 one-oz. boxes ..... 3...
5 oz. vial (50 sticks) ..... 2...

IMPRESSION PASTE

...ecting and improving full impres-...nder equalizing pressure without ...splacement.

...ue irritation. Doesn't require heat in ...ation.

Per package $3.00
3 packages 8.55
6 packages 16.20

MODEL ALLOY

For Indirect Inlay, ¾ and Jacket Crown Models

Amalgamates rapidly and sets quickly, but not too fast, because several impressions can be made from one mix. Models record fine detail and have the strength to allow burnishing and swaging. Slight uniform expansion.

1 oz. bottle $1.80
5 one-oz. bottles 8.50
1 ten-oz. bottle 15.60
2 ten-oz. bottles 28.00

MOUTH WASH

This concentrated blend of refreshing and stimulating flavors is now available in a handy unbreakable 8-oz. dispensing bottle. Just a squeeze to release enough for spray bottle or tumbler. Mixed with water as directed, this bottle will make two gallons of pleasant tasting solution.

Professional Size: 8-oz.
plastic bottle ..... $1.10 each
9.00 per dozen
Glass Bottle (4 oz.) ..... $0.65 each
5.40 per dozen

ENGINE BELTS

NO WEAK SPOTS
LONG LASTING

Braided individually from high grade ... of proved toughness. They have no k... splices or humps and run with excepti... smoothness.

Priced according to size
$0.85 to $1.25

PULP CANAL CLEANERS

...CISION-MADE FOR DELICATE TASKS

...mely tough steel alloy, barbed to the ...ey clean the pulp canal to the apex. ...efully inspected, they are supplied in mois-...and dust-proof containers.

Special Extra Fine — No. 3 Medium
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Dozen $1.00
Gross 10.80

FILLING PORCELAIN LUBRICAN...

For protecting silicate restorations

Convenient to use. Never too stiff or too fluid. Excels cocoa butter and similar prepa...rations. Provides better and longer service.

Per tube $0.25

Once again!

New national survey proves—

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dentists recommend

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dentifrice. . . .

For a fourth consecutive year, dental practitioners have indicated overwhelming preference for an ammoniated dentifrice, and their choice of Amm-i-dent Paste and Powder above any other dentifrice of any type for recommendation to their patients.

Such preference stems logically from the extensive laboratory and clinical evidence of the effectiveness of Amm-i-dent's high-urea formula, in reducing the incidence of caries.

Amm-i-dent is available at all drug counters — either white or green (chlorophyll) — for recommendation to your patients.

"Cash in" Now ON YOUR..... OLD GOLD

You can ship your old crowns, inlays, bridges, partials, grindings and bench sweeps to Goldsmith Bros. *with confidence.*

We need your old gold to keep our plant running at capacity—consequently we are in position to offer you top market prices for everything you have.

Ship your old gold now — check will be mailed in time for Christmas.

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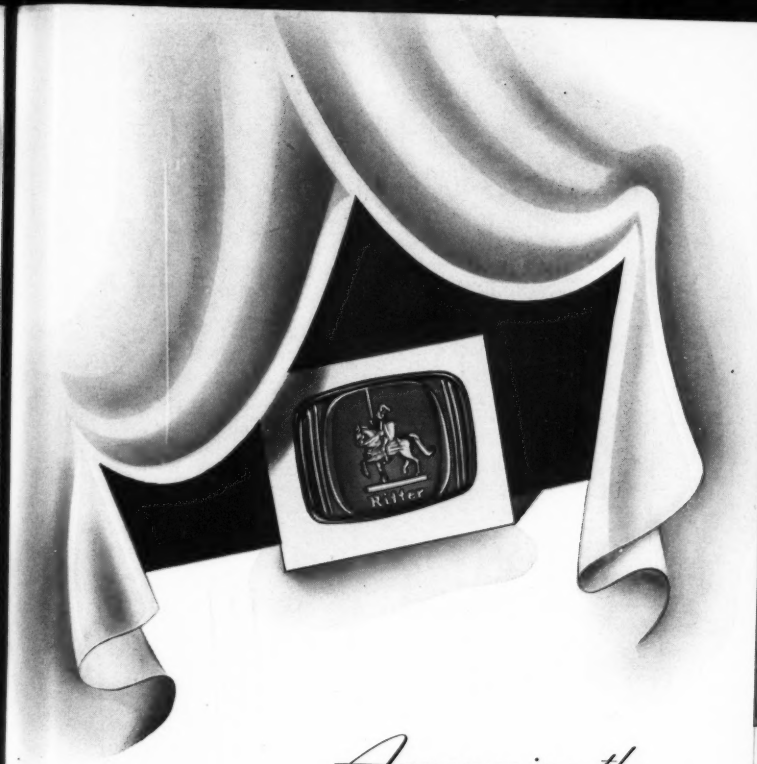

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Most Important Development

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The All-New

Ritter

Instru-Matic Unit

The World's Finest . . .
A Product of Ritter's Research and Engineering
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Introducing the New, Exclusive Ritter Unit
with 15 new, advanced design features

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Ritter *Instru-Matic* Unit

gives you this *all-new* 20th Century Comfort *and* Convenience *of* Operating Technique

New, Exclusive *Instru-Matic* Control of All Instruments From complete concealment, all instruments are brought to fingertip operating position instantly, automatically, at the touch of a switch.

New, Exclusive Cup Dispenser and Automatic Water Supply Cup dispenser, handy, easy to use, more hygienic in appearance, combined with warm or cold automatic water supply, fills up automatically, shuts off automatically, with full cup ready for instant use.

New, Exclusive Completely enclosed Surgical Aspirator Tubing out of sight when not in use. Greater silence. More accessible.

New Exclusive Spray - Spray bottles completely eliminated—spray nozzle supplied with solution from large built-in reservoir. Always ready . . . no delays. Accessible and easier to handle.

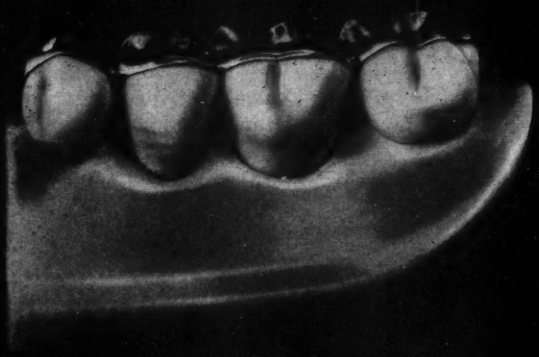
New, Exclusive Electronic Pulp Tester - New positive electronic control. Neon light indicates flow of current through tooth. Only one control at the fingertip for quick, safe, easy use.

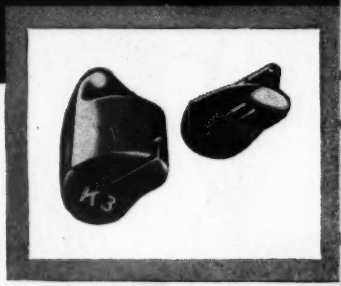
See the Sensational New Ritter Units Now

Ask your Ritter Dealer to demonstrate these and the many other features of the All-New Ritter Units

Ritter

Company, Inc.
Ritter Park
Rochester 3, N.Y.





the Ultimate in Bridgework

Where mouth conditions permit, there is no restoration that compares with a fixed bridge.

Steele's Trupontics provide the *ultimate* in fixed bridge restorations — for the comfort and future satisfaction of your patients.

Steele's Trupontics

The Columbus Dental Mfg. Co.
Columbus 6, Ohio

Valuable silver pieces require special cleaning and polishing agents to preser their impressive beauty. Expensive dentures call for equally cautious care

steel wool that preci

To forestall a haphazard choice of cleansing method by denture patients, many dentists recommend Wernet's Dentu-Creme and Wernet's Plate Bru Dentu-Creme is smooth, absolutely non-injurious, and an unexcelled detergent... ideal for use on acrylics because of its special polishing agent. Wernet's Plate Brush with the Easy-G Handle conforms to professional specifications. Its divided tufts of fine bristles are individually wired-in for lo life. Its black bristle section is used on ridge and vault... white bristle section the teeth and interproximal surfaces. For safe yet thorough removal of muci plaques, food particles, and stubborn stains, recommend Wernet's Plate Bru and Wernet's Dentu-Creme.

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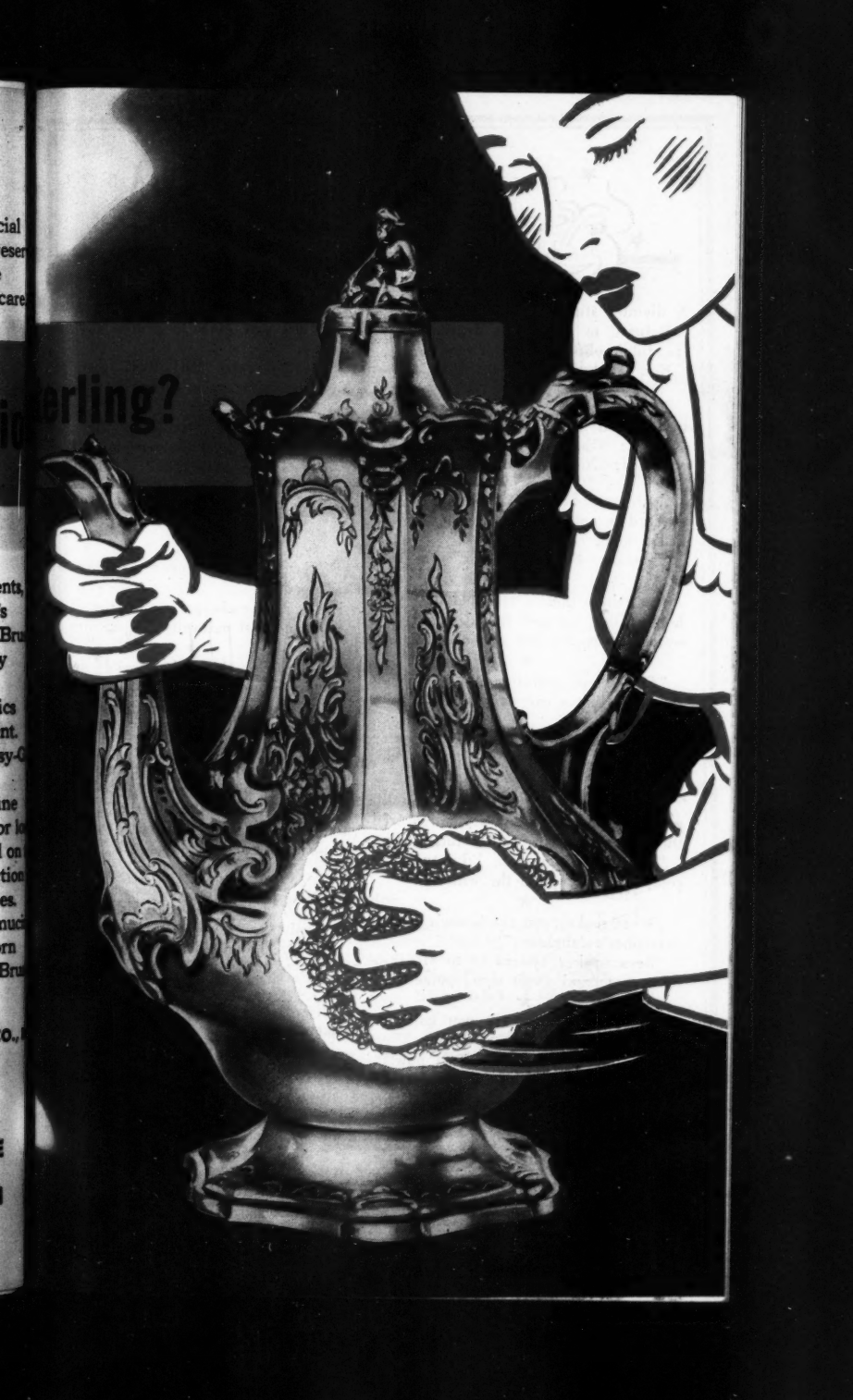
WERNET'S DENTU-CREME
and
WERNET'S PLATE BRUSH


erling?

LAFFODONTIA

A divinity student name Tweedle
Refused to accept his degree;
He didn't object to the Tweedle,
But hated the "Tweedle, D.D."

★

Mabel: "Have you heard I'm engaged to an Irish boy?"
Edith: "Oh, really!"
Mabel: "No, O'Riley."

★

And your brother, who was trying so hard to get a government job. What is he doing now?"
"Nothing—he got the job."

★

And then there's the playboy who kept calling his girl friend Sugar and wound up paying her a lump sum.

★

"There's an awful rumbling in my stomach—like a cart going over a cobblestone street."
"It's probably that truck you ate for dinner."

★

"You seem to have a lot of intelligence for one in your position," sneered the lawyer, cross-examining the witness.
"If I wasn't on oath, I'd return the compliment," replied the witness.

★

"What makes you think she's a photographer's daughter?"
"Because her system is to sit in a dark room and await developments."

★

Credit Manager—"Are you going to pay us something on that account?"
Long Overdue—"I can't just now."
Credit Manager—"If you don't, I'll tell all your other creditors that you paid us in full."

★

While every man has his own wife, only the iceman has his pick.

Clerk—"Sorry, madam, but Mr. Gotcash has just gone to lunch with his wife."
Mrs. Gotcash—"Oh! Well, then tell him his stenographer called."

★

Susie—"Mamma, you know that vase you said had been handed down from generation to generation."
Mother—"Yes, my dear."
Susie—"Well, this generation has just dropped it."

★

"How did you happen to become a chiropodist?"
"Oh, I was always at the foot of my class, and just naturally drifted into it."

★

"A funny thing happened to my mother in New Orleans."
"I thought you told me that you were born in Ohio."

★

"You say that typographical errors often bring out the truth?"
"Yeah, listen to this item: 'The doctor felt the patient's purse and announced there was no hope.'"

★

Wife: "You know, I suspect that my husband has a love affair with his hygienist."
Maid: "I don't believe it. You're just trying to make me jealous."

★

Rosie: "Aren't you getting Bill and Harry confused?"
Sadie: "Yes, I get Harry confused one night, and Bill the next."

★

Both women and pianos
Are similar in brand.
Some of them are upright
and some of them are grand.

Dental Pain is

REFERENCES: 1. Gross, M. and Greenberg, L. A.: Th Salicylates, Hillhouse Press, New Haven, 1948. 2. Ha sen-Pruss, O. C.: Ann. Allergy 7:219 (March-April 1949. 3. Hoffman, M. M.: Ill. Dent. J.: 194:439 (Oct. 1950. 4. Kaletsky, T.: N. Y. J. Dent., 12: No. 11/12 1942. 5. Massell, B. F.: Med. Clin. North Americ 34:1419 (Sept.) 1950. 6. Mathews, K. P.: J. Lab. & Clin. Med. 36:416 (Sept.) 1950. 7. Paul, W. D. et al. J. Amer. Pharm. Assoc. 39:21 (Jan.) 1950. 8. Sherman W. B.: J.A.M.A. 140:447 (June 4) 1949.

For effective pain relief — with reparative stimulation

Depend o

ouble Problem

it equires:

1. Relief of pain symptom
2. Improvement of condition causing pain

Systemic analgesics merely "drug out" the pain sensation, and fall short of professional desiderata, since they contribute nothing to *the improvement of the condition causing the pain.*

Poloris Dental Counterirritant, however, not only provides prompt symptomatic relief; but, by stimulating the capillary flow of nutrient blood, it helps to reduce inflammation and to relax congestive hyperemia. The resultant acceleration of the reparative process tends to "produce better end results."[4]

better than Systemics

Unlike systemic analgesics, Poloris —

1. Acts promptly (no half-hour waiting[3] for absorption).
2. Provokes no gastric irritation (so common with internal analgesics[5,7]).
3. Causes no allergic reactions (sometimes serious under systemic administration[1,2,5,6,8]).
4. Cannot exercise an anti-coagulant influence.
5. Does provide selective action on dental pain syndrome (impossible with systemic analgesics[3]).

POLORIS COMPANY, INC., JERSEY CITY 2, N. J.

Samples on request. Dept. 52-M

oloris

Capsicum Benzocaine
Dental Counterirritant

— in pericementitis, dental abscess, erupting third molar, irritation after filling, root canal therapy, gum irritation and dental neuralgia.

When clipper ships plied the trade lanes

There's probably no more romantic period in America's maritime history than the Clipper Ship era of the mid-nineteenth century. These handsome, rakish vessels made the ensign of the United States familiar in every quarter of the globe.

Man's desire for clipper-ship speed in the China tea trade and the rush to the newly discovered California gold fields were two of the reasons behind New England's development of the clipper ships. One of the fastest clippers, the *Flying Cloud*, set a record in 1851 never beaten by any other sailing vessel—89 days from New York to San Francisco. Many others set records that took more than a quarter of a century for steam vessels to equal.

It's possible that bicarbonate of soda was carried in the lockers of many of these clippers for it was in this same period—the year 1846—that Church & Dwight first began their baking soda business. Our product, U.S.P. Bicarbonate of Soda is sold under two familiar brand names, Arm & Hammer Baking Soda and Cow Brand Baking Soda.

Dentists have found no other dentifrice so useful in so many ways. Brushing the teeth with soda reduces L. acidophilus count . . . Soda's gentle action cleans teeth safely . . . does not harm enamel. Used as a gargle or rinse, soda assures mouth freshness.

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Children's Storybooks. We have several interesting, illustrated storybooks that are approved by leading educators and the Council on Dental Health. May we send you a free supply for your waiting room? Just write to us at the address below.

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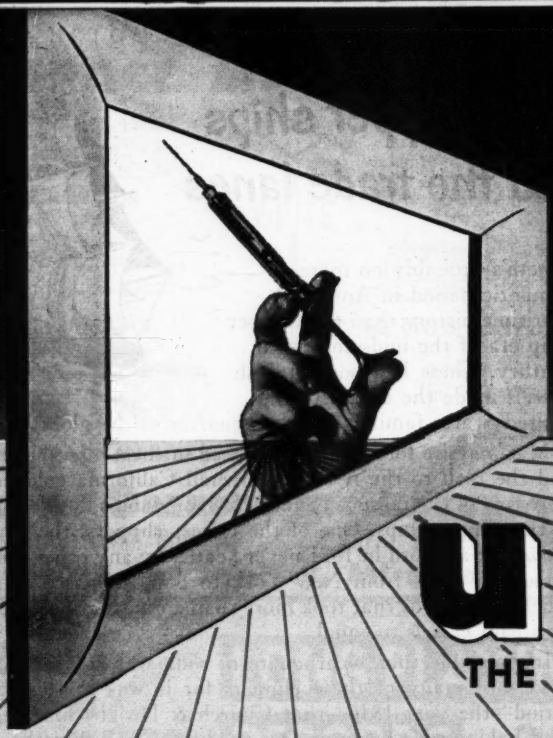
BUSINESS ESTABLISHED IN 1846



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unacaine PRODUCES DEEP, PROFOUND ANESTHESIA ...LONG ENOUGH FOR ALL TYPES OF DENTAL INTERVENTION!

UNACAINE, the new, faster-acting and safer local anesthetic possesses the remarkable faculty of knowing when to stop! It produces deep, remarkably intense anesthesia almost immediately . . . maintains such anesthesia for about 1 to 1½ hours. Then it disappears and the return to normal is quick and uneventful.

* * * *

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Only UNACAINE offers just what you seek in a local anesthetic ...*fast, intense, safe* anesthesia that causes no harm to delicate tissues.

Use ***UNACAINE*** *routinely in your practice . . . the local anesthetic that knows when to stop!*

41 Years Against Pain SINCE 1911

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that knows when to stop!

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CTING, SAFE LOCAL ANESTHETIC

ONLY *UNACAINE* OFFERS *ALL* THESE DESIRABLE CHARACTERISTICS:

- **Almost instantaneous anesthesia!**
- **2½ to 5 times safer than procaine!**
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* Subcutaneous white mouse determination, gram for gram —5 times safer—Clinical concentrations 2½ times safer.

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MECHANICAL CLEANSING

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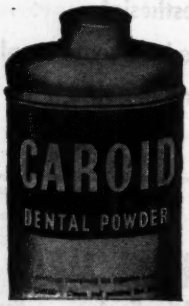
an ethical dentifrice . . . never advertised to the laity



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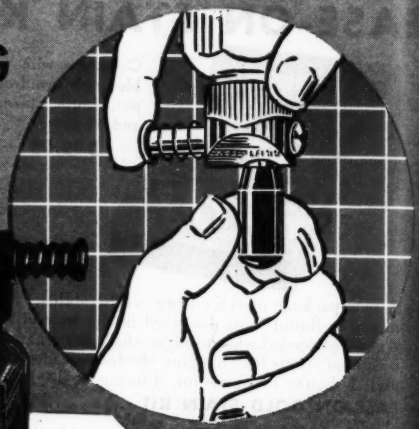
ARE YOU USING THE WORLD'S FINEST ALLOY...



Aristaloy

HOMOGENIZED

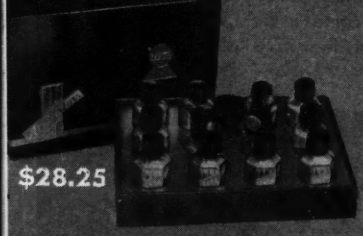
ORDER THIS NEW TRIAL 11-OUNCE DISPENSER COMBINATION

The extra "Bonus Ounce" is for trial. Use it and if not completely convinced, return to your dealer for full credit.

ARISTALOY amalgam fillings stay bright and clean in the mouth—*definitely* sealing cavities, because of the great density and the special shape and size of selected Aristaloy particles.

Our newest Individual Bottles Dispenser fits directly into capsules of mechanical amalgamators. It is very easy to use and will save much of your time and money.

A few minutes of conscientious study of the directions and several trial "spills" are a worthwhile exchange for a lifetime of uniform mixes of the exact size and consistency you desire.



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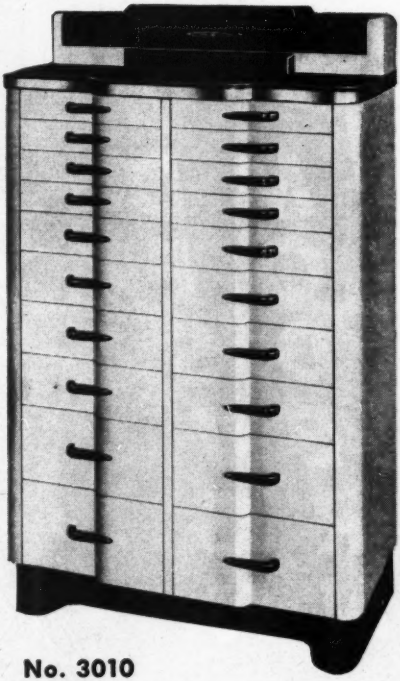
ALLISON DENTAL CABINETS

STYLED FOR IMPRESSIVE APPEARANCE

Allison's beautifully designed dental cabinets do more than just hold your instruments — they present a modern, functional appearance that tells your patients you are "up-to-the-minute" in every manner.

What's more, Allison cabinets are easier to work with. Style No. 3010 has two tiers of drawers mounted on ball bearing rollers for smooth opening and closing and a striking frontal contour design with contrasting drawer pulls that give finger-tip operation. See the 3010 at your dealer's showroom.



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Please send me full information on Allison Dental Cabinets.

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Address.....

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When you specify

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processing for your partials you get complete, up-to-date service . . . which means (1) that your cases are surveyed and designed for comfort and functional service in accordance with the most recent advances in prosthetics; (2) they are cast with NOBILIUM, the chromium-cobalt alloy that's made exclusively for dental appliances and (3) only nationally known name-brand products, duplicating materials, investments, refractories and liquid binders are used to insure precision. Modern Nobilium methods, metals and materials provide the results you desire...and your patients require. Specify *success* by specifying Nobilium. Your patients will approve and send their friends to you.

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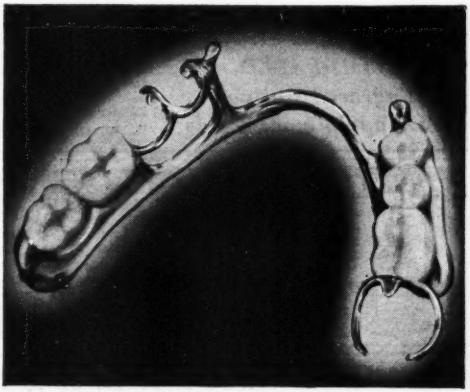
FOR BETTER FULL AND PARTIAL DENTURES



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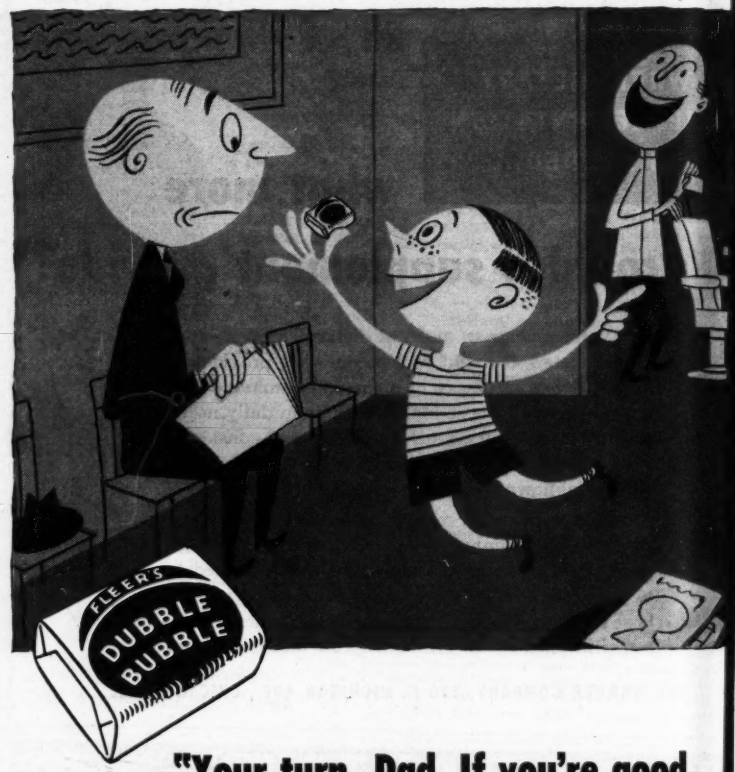

"Your turn, Dad. If you're good, he'll give you DUBBLE BUBBLE too!"

Fleer's DUBBLE BUBBLE gum is made of the finest ingredients under immaculate sanitary conditions. Its wholesomeness and purity are beyond question.

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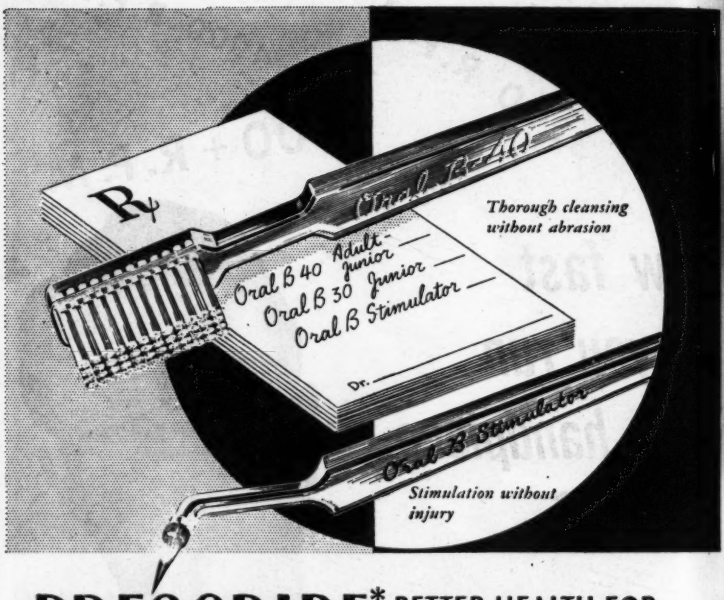
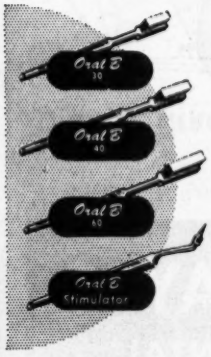


PRESCRIBE* BETTER HEALTH FOR BOTH TEETH AND GUMS!



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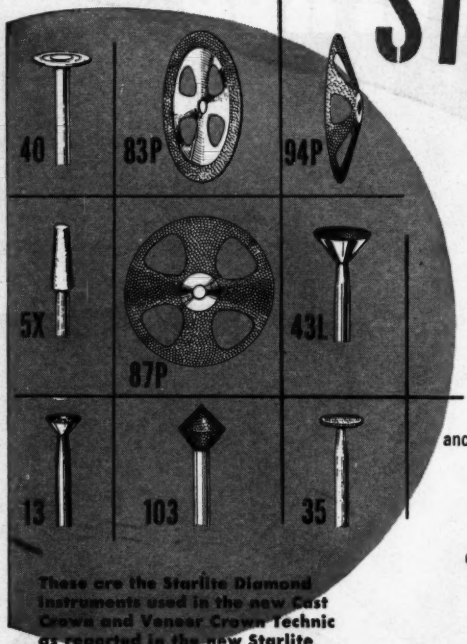

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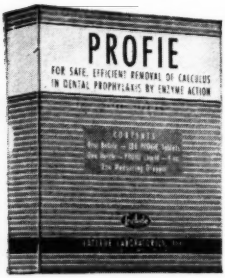

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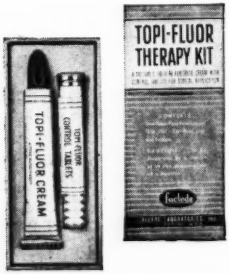

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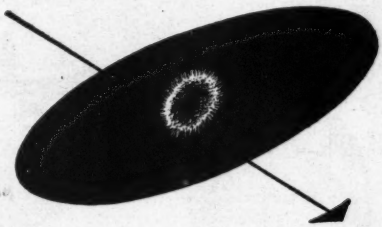

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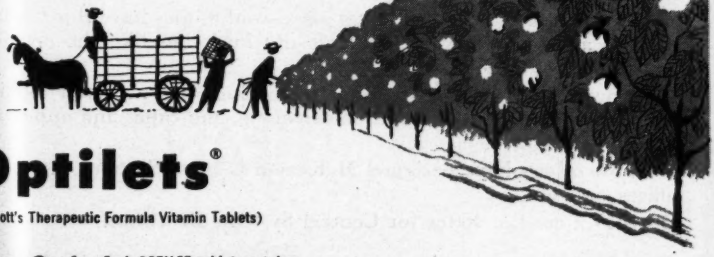

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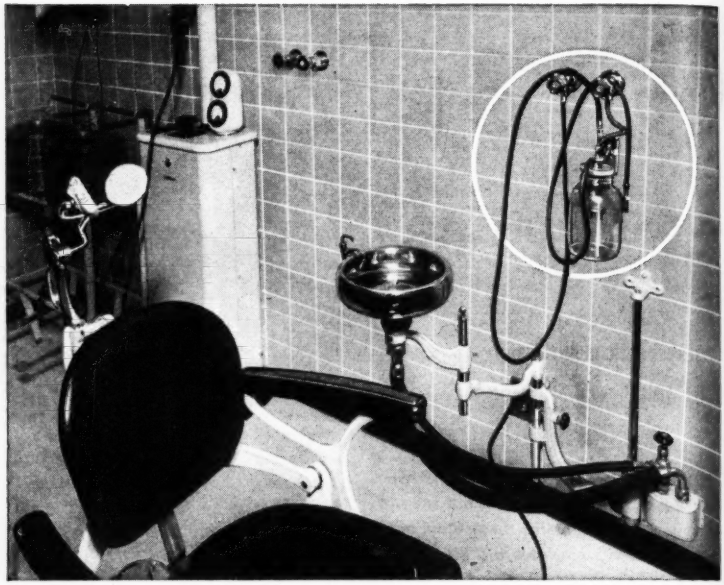

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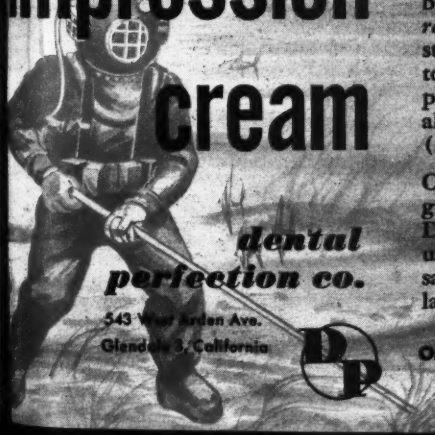

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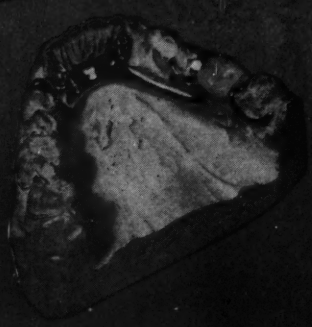

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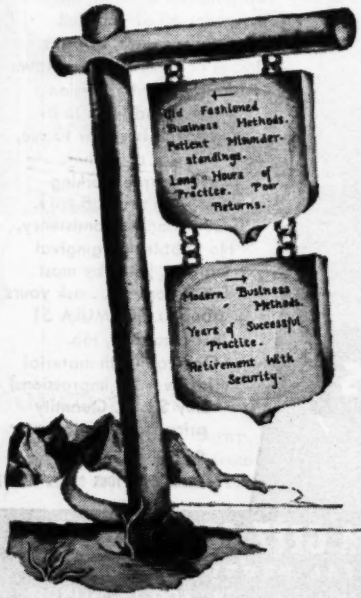

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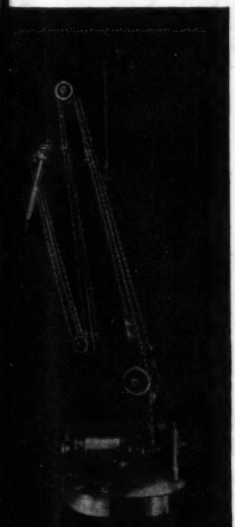

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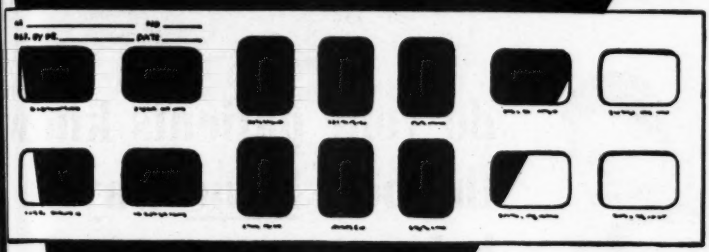

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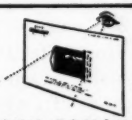

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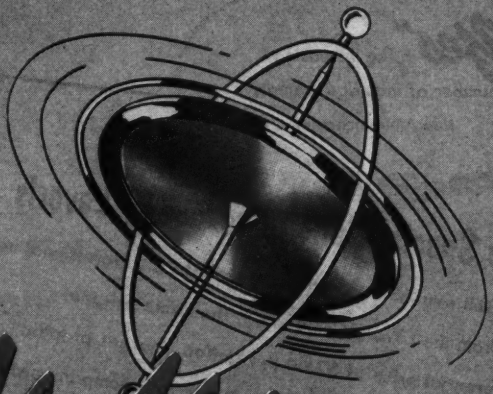

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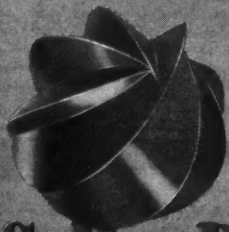

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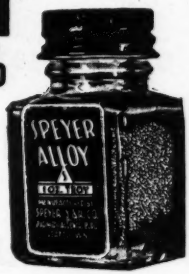

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Only Castle uses the aluminum base. In fact, only Castle has *all* the thoughtful extras that insure top convenience for you for years to come. The best way for you to check this is to ask your sterilizer repairman. Say, "Which make of sterilizer gives you the *least* trouble?" Ten to one he'll say Castle. We know because we keep track of such things.

For complete information on sterilizers ask your Castle salesman, or write Wilmot Castle Co., 1101 University Ave., Rochester 7, New York.

NEW!

THE No. 91 HAS CAST-IN-BRONZE COVER

Here is a brand new sterilizer with a brand new cover design. The lid of the boiler is one solid piece of cast bronze —with break-proof hinges and lug... beautiful in gleaming chrome.

Castle **LIGHTS and STERILIZERS**

important reasons why

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will help you to increase the comfort and satisfaction of your partial denture patients

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Iso-Clasp Dental Engineering enables Durallium technicians to eliminate buccal arms on 65% of your cases without fear of impairing retention or efficient function. Clasps on the remaining 35% are rotated away from bucco-labial surfaces as far as practical, assuring minimum metal display on *all* cases.

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Iso-Clasp Dental Engineering controls the relative flexibility of clasps . . . makes certain that each clasp has the correct flexibility relative to the tooth structure it engages and other clasps on a case. Thus we avoid unequalized, undesirable retention pressures, achieve comfortable, efficient retention and stability.

DEPENDABLE DURALLIUM

Iso-Clasp Dental Engineering was developed specifically for Durallium to give you the full benefit of this tested and proved alloy. You can rely on your Durallium restorations to retain—indefinitely—the dependable strength, resiliency, brilliant lustre and perfect fit for which Durallium restorations have been famous since 1936 . . . Now, enhanced by Iso-Clasp, Durallium restorations will help you to give your patients an even greater measure of comfort and satisfaction.

For a fully illustrated booklet on **ISO-CLASP DENTAL ENGINEERING** see Your Qualified Durallium Laboratory *or mail this convenient coupon (no obligation, of course)*

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Gentlemen: Please send your booklet on Iso-Clasp Dental Engineering (no obligation.)

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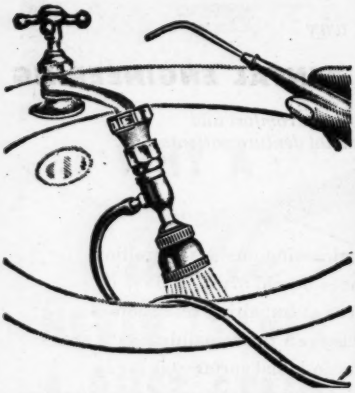

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This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U.S. Government.

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Elevators—All Types
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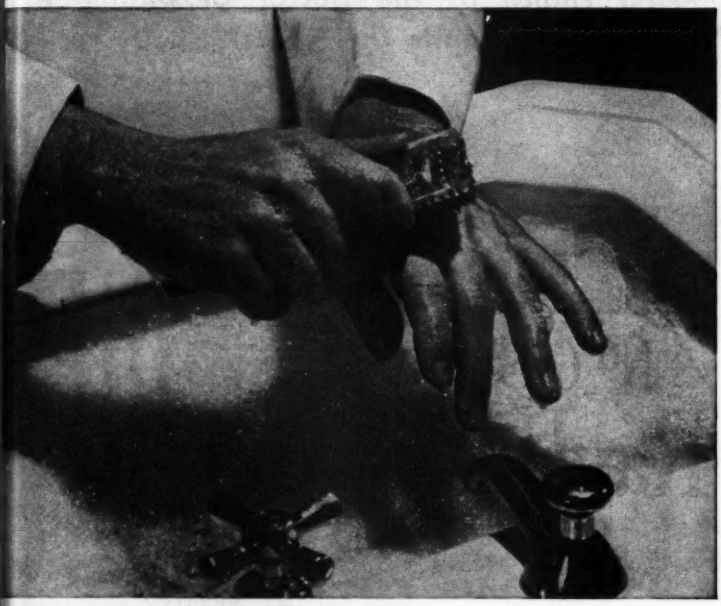

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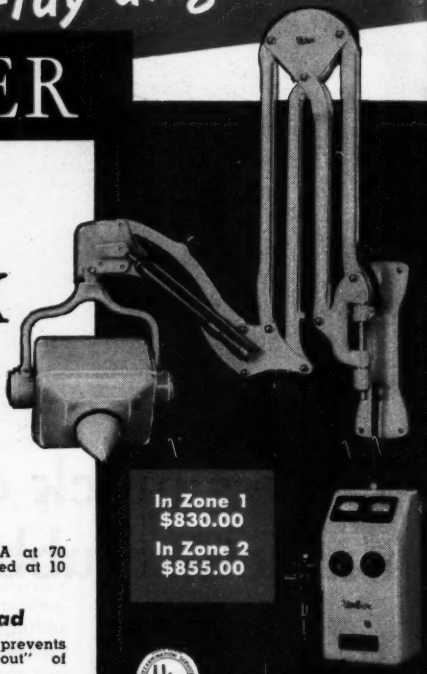

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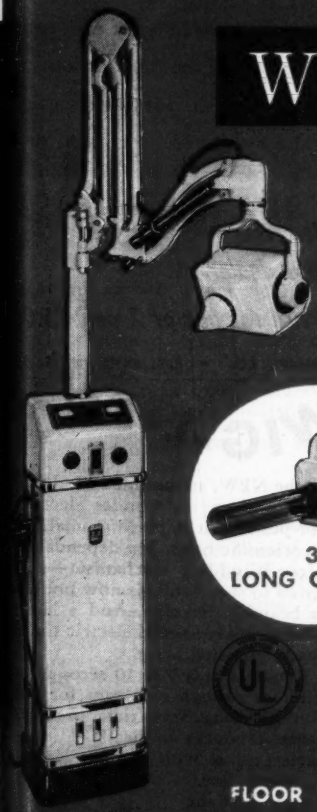

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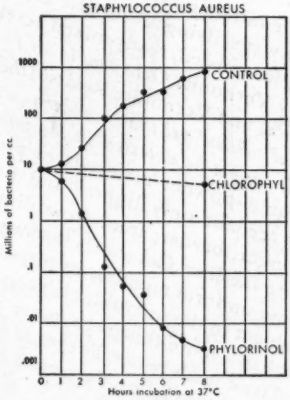

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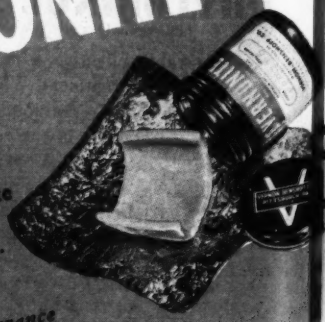

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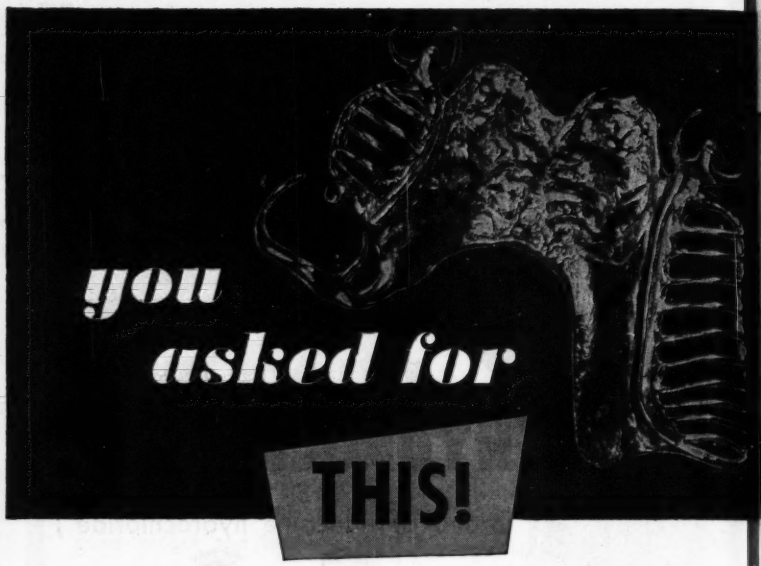

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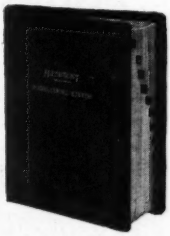

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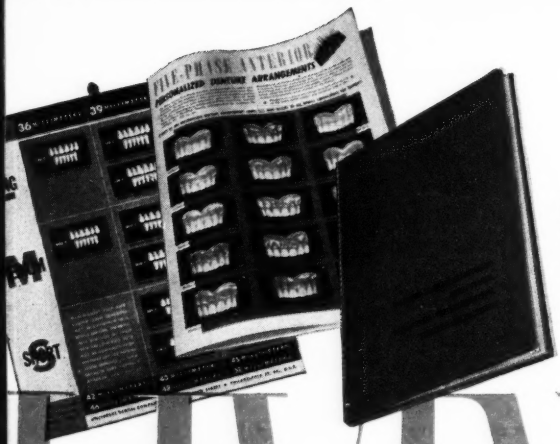

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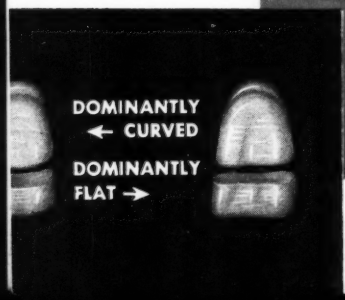

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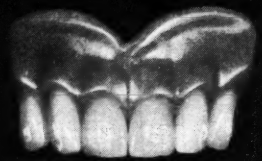

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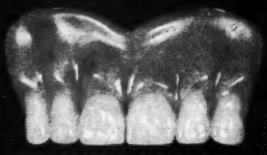
CUSPIDS L39/C



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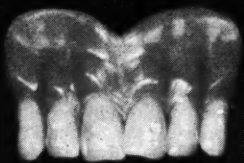

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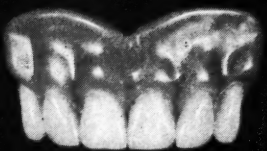
CUSPIDS S39/C



CENTRALS M39/C LATERALS M39/C
CUSPIDS M42/C

A few transposed arrangements of teeth from different sets are shown to illustrate the remarkably lifelike individual dentures possible with Five-Phase Anteriors.

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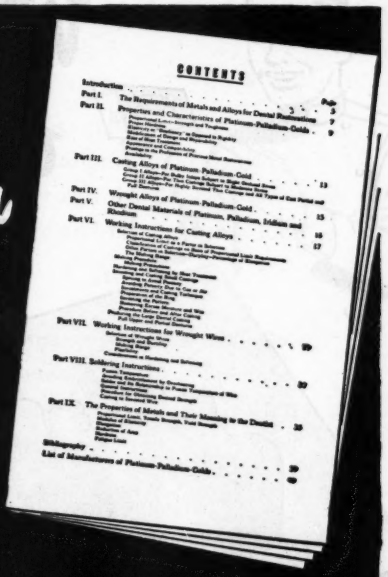

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Platinum-Palladium-Gold in Dentistry," was compiled in order to classify and simplify the extensive information on precious metals as an aid to dentists and technicians. Here's what it contains—

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DENTIST WANTED: An excellent opportunity to operate and completely manage one of the largest dental practices in the state of Michigan. Can lead to partnership. Excellent reason for such an offer. Will discuss details at your convenience. "662" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Two-chair dental office; x-ray, complete prosthetic laboratory, instruments and supplies. Doctor deceased. Reasonable rent, heat furnished; two thousand dollars, terms. Direct replies to Mrs. W. R. Templeton, Gibson City, Ill.

FOR SALE: Practice in central Illinois, established in same location seventy-five years. Present owner thirty-five years old and third generation leaving to specialize. Small town, excellent business district, hospital. Good hunting and fishing. Bungalow office, gross twenty thousand dollars yearly. "663" Oral Hygiene, Pittsburgh, Pa.

DENTAL OFFICE FOR SALE: Established general practice in northeastern Ohio. Industrial community. Grosses over twenty thousand dollars. Practitioner, polio victim. Mrs. H. A. Cooper, 324 S. Canal St., Newton Falls, Ohio.

FOR SALE: Dental supply business established over twenty years. Serving Oakland, San Francisco Bay area and surrounding territory. Owner wants to retire. This is not a sacrifice sale. Please do not answer unless you are interested in buying a profitable business. "664" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Established ethical dental practice and completely equipped two-chair office, Ritter equipment in excellent condition, in thriving town of thirty-five thousand population. Office located on main street in center of town. Reason for selling: doctor deceased. "665" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Two-chair practice in New York state; modern equipment. Office and home with garage. Also downtown office. Owner retiring after fifty-two years. High-class locations. Twenty-one thousand dollars, terms arranged. Investigate this. Real opportunity for right man. Owner will remain to introduce. "666" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Ohio license, position permanent, age over thirty-five years. Salary or commission. Can acquire interest if desired. Busy office that demands top fees. Please write fully in confidence. "667" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Busy Jersey City, N. J., practice. Gross, twenty-seven thousand dollars, established 1935, heart of city. Moving out west but will stay with purchaser until acclimated. "668" Oral Hygiene, Pittsburgh, Pa.

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DENTIST, RECENT GRADUATE, age thirty-five, having seventeen years' experience mouth rehabilitation and precision attachments; excellent references, priority IV, wishes as-as technician in dental offices specializing in sociation with high-type practitioner. New York and California licensed. "669" Oral Hygiene, Pittsburgh, Pa.

INDIANA dentist specializing in operative and periodontia desires association with ethical dentist in South Bend area. Has own equipment which can be used. Thirty years old and married. Will rent space or work on percentage. "670" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Modern two-chair dental office in northern Minnesota. Established eighteen years. Appointments booked ahead three months. Also modern two bedroom home if desired. Leaving state. "671" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Office equipment, office building and goodwill of long-established practice of Dr. Elzy Reynolds, deceased. One-story, block building; reception room, operating room. Dr. Reynolds was the sole dentist in rich agricultural community; central Illinois, serves five thousand population. Reasonable. Contact Bernice Reynolds, Colfax, Ill.

WANTED: Dentist with Missouri license to operate practice on percentage. Owner entering service. Air conditioned, two operatories, Ritter master units, x-ray, purchased 1949, laboratory, dark room, business office, reception room. Extremely capable assistant with x-ray gold, prosthetic ability. Redecorated, recorded music. Reply immediately so owner can make introduction. Dr. Dan B. Cotner, Cape Girardeau, Mo.

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FOR SALE: Connecticut; S.S.W. Airdent unit, one year old, excellent condition, complete with four CO_2 tanks, extra nozzles, powder, etc. Owner has other interests. "673" Oral Hygiene, Pittsburgh, Pa.

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ADVERTISING INDEX

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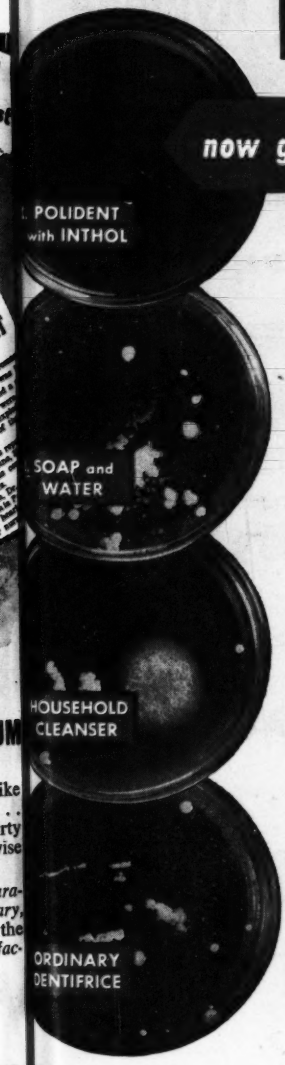

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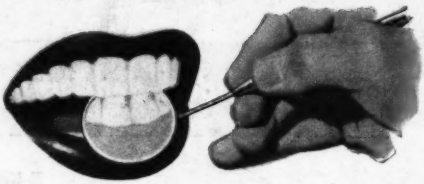

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